

Downman, Eugene, Director, Office of Economic Cooperation Administration

Washington, D.C.

New York 8

Mr. Paul G. Hoffman, Administrator
Economic Cooperation Administration
Washington 25, D.C.

Dear Mr. Hoffman:

I understand that you have accorded an interview to Mr. Howard Hunt with a view to considering his possible appointment to the staff of the Economic Cooperation Administration.

It may be of aid to you in considering Mr. Hunt's qualifications to know of the character of his service with the Office of Strategic Services during the war.

Mr. Hunt's performance of his duty during the war was outstanding. He was subsequently served in China as a member of the staff of the Office of Strategic Services, in which capacity his duties consisted principally of establishing and maintaining the reports to Washington of the various operations and missions of OSS in China. Colonel Richard P. Heppner, who at that time and until the end of the war commanded the OSS in China and who is familiar with these services rendered by Mr. Hunt, informs me that he performed these services in a most able, energetic and efficient manner.

Sincerely yours,

Howard Hunt
Howard Hunt

SECRET
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

HUNT E. HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

1. Standard Form 3 (Notice to Federal Employee about Unemployment Compensation). *Observed*

2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). *Observed*

3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).

4. Standard Form 2802 (Application for Refund of Retirement Deductions). *NA*

5. Form 2595 (Authorization for Disposition of Paychecks). *NO CHANGE*

6. Applicable to returnee (resignee from overseas assignment).

I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.

- ☐ Appointment arranged with Office of Medical Services.
☐ Appointment for Office of Medical Services examination declined.

Howard Hunt
Robert R. Mullen & Co.
1729 H Street, N.W.
Washington, D.C. 20006
ME 8-2526

conflict of interests' policy of the Agency and
s-regard concerning my new employment.

Leave).

ment Rights of Federal Employees Performing Armed

10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

E. Howard Hunt

Date Signed

24 Apr

Address (Street, City, State, Zip Code)

1170 River Rd.
Baltimore, Md. 20854

Correspondence

☒ Overt

☐ Covert

SECRET

STANDARD FILM CO.
CHICAGO, ILL.
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Product of

MATERIAL REVIEWED AT CIA HEADQUARTERS BY _____
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: HUNT, E. HOWARD

INCLUSIVE DATES: 17 May 1948 - 21 June 1922

CUSTODIAL UNIT/LOCATION: O'P

ROOM: 5E13

DELETIONS, IF ANY:

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NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

FEINSTEIN

STANDARD FORM 57, NOV 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOY

APPLICANT'S EXPIRED
NOV 10 1948

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, read this application to the office named in the announcement. Be sure to send to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.

ANNUAL INCOME

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTION: (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4. DATE OF THIS APPLICATION

5. NAME (First name) (Middle) (Maiden, if any) (Last)

XX (Everette) Howard Hunt (Jr.)

6. (A) STREET AND NUMBER OR R. D. NUMBER

30 Willett Street

(B) CITY OR POST OFFICE (including postal zone) AND STATE

Albany 6, New York

7. LEVEL OR PAYING RESIDENCE (State)

New York

8. (A) OFFICE PHONE

4-2101

(B) HOME PHONE

3-6218

9. DATE OF BIRTH (month, day, year)

Oct. 9, 1918

10. PLACE OF BIRTH (city and State if born outside U. S., name city and country)

Hamburg, Erie County, New York

11. ☒ MALE ☐ FEMALE

12. (A) HEIGHT WITHOUT SHOES

5 FEET 9 INCHES

(B) WEIGHT

165 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR

You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE: An acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:

☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the employing agency to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back in order, giving only the points of work which you are proud of and which you think will help you to obtain employment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:

☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES

☒ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be given in the space below in its proper sequence.

If you were ever employed in any position under a new contract from that of your last position, indicate the new contract and describe your work for each position in the space below.

(F) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

1. PRESENT POSITION			
DATE OF EMPLOYMENT (month, year)	START TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS
FROM 1947 TO PRESENT TIME	Asst. employ. 2		STARTING \$ PER MONTH PRESENT \$5000 PER YEAR
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR		
Albany, N.Y.	Hunting		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal name department, bureau or establishment, and division)	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of books, etc.)		
	Interest in ECA		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING TO OBTAIN EMPLOYMENT		
	Interest in ECA		
DESCRIPTION OF YOUR WORK			
Authoring novels and magazine stories.			

(CONTINUED ON NEXT PAGE)

16-60415-1

24. REFERENCE: List three persons living in the your quality status, and those for the position of States or Territories of the United States who are "If you are applying." Do not repeat names of super		ated to you and who have definite knowledge of your Item 18 (EXPERIENCE)	
FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION	
1. Maj. Gen. R. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney	
John C. Farrar	53 East 34th Street, New York 18	Publisher	
Raymond Rubicam	444 Madison Avenue, New York 18	Executive	
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	
25. HAVE YOU EVER BEEN RECALLED BY YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER OR QUALITY STATUS, ETC.?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	26. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	28. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE (1) OF YOUR PRESENT EMPLOYER, OR (2) WITH WHOM YOU LIVE OR HAVE LIVED, OR (3) WITH WHOM YOU HAVE BEEN EMPLOYED? If your answer is "Yes," show in Item 39 the full name, (1) present address, (2) relationship, (3) Department or Agency by which employed, and (4) kind of appointment.	
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ASSUMED A POLICY OF ADVOCATING OR APPROVING THE OVERTHROW OF OUR FORM OF GOVERNMENT OR THE OVERTHROW OF ANY OTHER PERSONS' RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF ANY STATE TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY LEGISLATIVE MEANS?		SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PRAC-TICE VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VET-ERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, USC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.	
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLA-TION OF ANY LAW, RULE, REGULATION OR ORDINANCE (INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTIFITURE OF \$25 OR LESS WAS IMPOSED)?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your records will be taken.		37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	
If your answer is "Yes," give in Item 39 the name and address of employer, date, and location in each case.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If your answer is "Yes," give dates of and reasons for such barment in Item 39.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COM-PAN-ION FOR MILITARY OR NAVAL SERVICE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If your answer is "Yes," give complete details in Item 39.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
35. SPACE FOR "EXTRA" ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)			
If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.			
Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).			
SIGNATURE OF APPLICANT		(Sign your name in INK. Use given name, middle or middle initial, and surname. If from our own given name as "Mrs. Mary L. (M.)")	

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[The page contains several horizontal bands of extremely faint, illegible markings, possibly representing data or heavily degraded text.]

[illegible][illegible]

The image is a horizontal strip filled with dense, high-contrast noise and artifacts. It appears to be a corrupted scan of a document page, with no legible text or identifiable figures visible. The noise consists of numerous small, dark, irregular specks and streaks distributed across a lighter background, creating a textured, grainy appearance. The overall effect is one of extreme degradation and loss of information.

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2010-2011	2012-2013
2014-2015	2016-2017
2018-2019	2020-2021
2022-2023	2024-2025


UNITED STATES DEPARTMENT OF AGRICULTURE		BUREAU OF PLANT INDUSTRY	
PLANT INDUSTRY REPORT		PLANT INDUSTRY REPORT	
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STANDARD FORM 50 (PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1948

FORM APPROVED
EXECUTIVE ORDER NO. 12-024

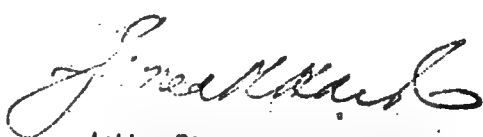
COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MRS. - FIRST - MIDDLE INITIAL - LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18		3. JOURNAL OR ACTION NO. & DATE 64 5-17-48	
This is to notify you of the following action affecting your employment:					
4. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(a)		5. EFFECTIVE DATE 5-17-48		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO			
		8. POSITION TITLE Information and Editorial Spec. 9. SERVICE, GRADE, SALARY JAF-13, \$6905.20 per annum CSC No. 103 - Series 1230 10. ORGANIZATIONAL DESIGNATIONS Press Information Division 11. HEADQUARTERS Washington, D. C.			
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good					
<div style="text-align: right;">  Acting Director of Personnel </div>					
15. VETERAN'S PREFERENCE				16. POSITION CLASSIFICATION ACTION	
NONE	5 PT.	10 POINT	WWT	WWT	OTHER
	<input checked="" type="checkbox"/>	DISAB. WIFE WIDOW	<input checked="" type="checkbox"/>		
17. SEX M				18. POSITION CLASSIFICATION ACTION CSC No. 103, 5/14/48	
19. APPROPRIATION FROM: 118/95400(01) 100 01 TO:				20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) No	
				21. DATE OF OATH (ACCESSIONS ONLY) 5-17-48	
				22. LEGAL RESIDENCE New York	

ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 64	4. DATE 5-17-48
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(a)		6. EFFECTIVE DATE 5-17-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
		8. POSITION TITLE Information and Editorial Spec.		
		9. SERVICE GRADE, SALARY OAF-12, \$6905.20 per annum CSC No. 103 - Series 1230		
		10. ORGANIZATIONAL DESIGNATIONS Press Information Division		
		11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good				
15. VETERAN'S PREFERENCE		16. SIGNATURE OR OTHER AUTHENTICATION		
NONE	5 PT. <input checked="" type="checkbox"/>	 Acting Director of Personnel		
	10 POINT DISAB. <input type="checkbox"/> WIFE <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/>	16. POSITION CLASSIFICATION ACTION		
	WHY <input checked="" type="checkbox"/> WHY OTHER <input type="checkbox"/>	NEW	VICE	I.A. REAL
				<input checked="" type="checkbox"/>
		CSC No. 103, 5/14/48		
17. SEX <input checked="" type="checkbox"/> M	18. RACE <input checked="" type="checkbox"/> W	19. APPROPRIATION FROM: 118/95400(01) 100 01 TO:		20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) No
		21. DATE OF OATH (ACCESSION ONLY) 5-17-48		22. LEGAL RESIDENCE New York

14-00000

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration
(Dept. or Estab)

(Bureau or Office)

Washington, D. C.
(Place of Employment)

- I. I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.
- II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of

May, 1948 at Washington, D. C., State of

Mary T. Nakamura (Name) Appointment Clerk (Title)

Economic Cooperation Administration, Washington, D. C.
Act of June 26, 1943, Sec. 206

OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

Economic Cooperation Administration Washington, D. C.

(Department or Establishment)

(Bureau or Division)

(Grade or Employment)

A.
OATH OF
OFFICE

I, E. Howard Hunt, Jr.

Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B.
AFFIDAVIT.

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
DECLARATION
OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 12 May, 1944, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Subscribed and sworn before me this 17th day of May, A. D., 1948

at Washington, D. C.

[SEAL]

M. D. Buchanan
(Signature of Officer)

Appointment Clerk, Economic Cooperation Admin
Act of June 26, 1943, Section 206

NOTE—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

5-17-48

(Date of Expiration of Duty)

Information and Editorial Spec, CAF-12

(Section to which assigned)

10-9-18

(Date of Entry)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for revocation of appointment or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 30 Wall St. Albany, N.Y.
(Street and Number) (City and State)
2. Who should be notified in case of emergency? Mr. F. H. Hunt (Name) (Relationship) Wife
30 Wall St. Albany, N.Y. Telephone: 3-6218
(Street and Number) (City and State)

3. Does the U.S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No. If yes, for each such relative fill in the blanks below. If additional space is necessary, complete under item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or class in which employed	Relationship	Married or single	Age
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
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11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____

4. Place of birth _____ (Town) _____ (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	ITEM NO.	12. Space for detailed answers to other questions. Write in left column numbers of items to which detailed answers apply
5. Are you a citizen of the United States?				
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) the country in connection with this appointment?				
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship or of the person through whom you gained your citizenship?				
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? (b) as such the place, position, and salary under item 12.				
9. (a) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position? (b) Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or U. C. Government? If so, give details under item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay; and under what retirement act, and rank, if retired from military or naval service.				
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or known to have been so discharged?				
11. Since you filed application resulting in this appointment, have you been arrested, or indicted for, or convicted of any offense (felony or misdemeanor)? If so, give under item 12 (1) the date, (2) the name and nature of the court, (3) the nature of the offense or offenses, and (4) the penalty, if any, imposed, or other disposition.				

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the appointing certificate is made shall determine if the person submitting it is the person named in the certificate and if the certificate is in accordance with the War Service Pay Act, and if it is, he shall sign the certificate and forward it to the Civil Service Commission.

The form should be completed for holding of office, purchase of office, position, or contract with any person, or for any other purpose, previous to the person's entering public service, and shall be filed in the file of the person.

(C) Identity of appointee with the appointing officer. The appointing officer should verify the identity of the appointee with the appointing officer by comparing the photograph of the appointee with the photograph of the appointing officer. If the appointing officer is unable to verify the identity of the appointee, he should refer the matter to the Civil Service Commission.

(D) Age. The appointing officer should verify the age of the appointee by comparing the date of birth on the appointing certificate with the date of birth on the appointing certificate. If the appointing officer is unable to verify the age of the appointee, he should refer the matter to the Civil Service Commission.

(E) Citizenship. The appointing officer should verify the citizenship of the appointee by comparing the citizenship of the appointee with the citizenship of the appointing officer. If the appointing officer is unable to verify the citizenship of the appointee, he should refer the matter to the Civil Service Commission.

(F) The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship by comparing the date of birth on the appointing certificate with the date of birth on the appointing certificate. If the appointing officer is unable to verify the citizenship of the appointee, he should refer the matter to the Civil Service Commission.

(G) Members of Family. Section 9 of the Civil Service Act gives the appointing officer the right to require the appointee to furnish a list of his family. The appointing officer should verify the family of the appointee by comparing the family of the appointee with the family of the appointing officer. If the appointing officer is unable to verify the family of the appointee, he should refer the matter to the Civil Service Commission.

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Army of the United States



Honorable Discharge

John W. Smith

FOR THE ARMY

I, *John W. Smith*, of the *1st Cavalry*, *Regiment*, *Army of the United States*, do hereby certify that *John W. Smith* has been honorably discharged from the service of the Army of the United States, and that he is entitled to the benefits of the Soldiers' and Sailors' Civil Relief Act of 1917, as amended.

John W. Smith

FOR THE ARMY

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STANDARD FORM 57- NOV. 1947 U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT		APPROVAL EXPIRES NOV. 30, 1953																																																																																																																		
<p>INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in ink. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all instructions. If you are applying for a WITNESS examination, follow the instructions on the advertisement regarding completion of this application. If you are applying for an UNWRITTEN examination, read this application to the office named in the announcement. For use in the field office, use only for use required by the announcement. Notify the office with which you file this application of any change in your address.</p>																																																																																																																						
<p>1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR</p> <p>2 OPTION: (If mentioned in examination announcement)</p> <p>3 PLACE OF EMPLOYMENT APPLIED FOR (City and State)</p> <p>4 DATE OF THIS APPLICATION <i>17 May 1948</i></p> <p>5 (a) (First name) (Middle) (Last) <i>XX (Everette) Howard Hunt (Jr.)</i></p> <p>6 (a) STREET AND NUMBER OR R. D. NUMBER <i>20 Willett Street</i></p> <p>(b) CITY OR POST OFFICE (including postal zone) AND STATE <i>Albany 6, New York</i></p> <p>7 (a) LEVEL OR RATING (State)</p> <p>(b) OFFICE PHONE <i>4-2101</i></p> <p>(c) HOME PHONE <i>3-6218</i></p> <p>8 (a) DATE OF BIRTH (month, day, year) <i>Oct. 9, 1918</i></p> <p>(b) PLACE OF BIRTH (city and State, if born outside U. S., name city and country) <i>Hamburg, Erie County, New York</i></p> <p>9 (a) <input checked="" type="checkbox"/> MALE (b) <input type="checkbox"/> FEMALE</p> <p>10 (a) HEIGHT WITHOUT SHOES <i>5 FEET 9 INCHES</i></p> <p>(b) WEIGHT <i>165 POUNDS</i></p> <p>11 (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE</p>		<p style="text-align: center;">DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> APPROVED</td> <td style="width: 33%;"><input type="checkbox"/> REJECTED</td> <td style="width: 33%;"><input type="checkbox"/> INTERLU REVIEW</td> </tr> <tr> <td><input type="checkbox"/> WITH APPROVAL</td> <td><input type="checkbox"/> WITH REJECTION</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">APPROVED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>OPTION</th> <th>GRADE</th> <th>GRADE RATING</th> <th>PREFER ENCL</th> <th>RATING</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 POINTS (BEST)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 15 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 20 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 25 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 30 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 35 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 40 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 45 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 50 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 55 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 60 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 65 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 70 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 75 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 80 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 85 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 90 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 95 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 100 POINTS</td> <td></td> </tr> </tbody> </table> <p>INITIALS AND DATE</p>			<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	<input type="checkbox"/> INTERLU REVIEW	<input type="checkbox"/> WITH APPROVAL	<input type="checkbox"/> WITH REJECTION		APPROVED			OPTION	GRADE	GRADE RATING	PREFER ENCL	RATING				<input type="checkbox"/> 5 POINTS (BEST)					<input type="checkbox"/> 10 POINTS					<input type="checkbox"/> 15 POINTS					<input type="checkbox"/> 20 POINTS					<input type="checkbox"/> 25 POINTS					<input type="checkbox"/> 30 POINTS					<input type="checkbox"/> 35 POINTS					<input type="checkbox"/> 40 POINTS					<input type="checkbox"/> 45 POINTS					<input type="checkbox"/> 50 POINTS					<input type="checkbox"/> 55 POINTS					<input type="checkbox"/> 60 POINTS					<input type="checkbox"/> 65 POINTS					<input type="checkbox"/> 70 POINTS					<input type="checkbox"/> 75 POINTS					<input type="checkbox"/> 80 POINTS					<input type="checkbox"/> 85 POINTS					<input type="checkbox"/> 90 POINTS					<input type="checkbox"/> 95 POINTS					<input type="checkbox"/> 100 POINTS	
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<p>12 (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? <i>\$4,500</i></p> <p>(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR</p> <p><input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.</p> <p>13 IF YOU ARE WILLING TO TRAVEL, SPECIFY:</p> <p><input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p> <p>14 EXPERIENCE: It is important for you to furnish all information requested before in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks for which you are applying or may be summarized in one or more of the blocks for which you are applying or may be summarized in one or more of the blocks for which you are applying. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described in the space below in its proper sequence.</p> <p>(a) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used.</p> <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below in a "Present Position."</p>																																																																																																																						
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<p>15 (a) DATE OF EMPLOYMENT (month, year) <i>FROM 1947</i></p> <p>(b) PLACE OF EMPLOYMENT (city and State) <i>Albany, N.Y.</i></p> <p>NAME AND TITLE OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)</p> <p>SUPERVISOR AND KIND OF EMPLOYER SUPERVISED BY YOU</p> <p>DESCRIPTION OF YOUR WORK <i>Authoring novels and magazine stories</i></p>		<p>16 (a) TITLE OF YOUR PRESENT POSITION <i>Self-employed</i></p> <p>(b) CLASSIFICATION GRADE (as in Federal Service)</p> <p>(c) SALARY OR EARNINGS STARTING <i>\$1,500</i> PER YEAR PRESENT <i>\$1,500</i> PER YEAR</p> <p>NAME AND TITLE OF IMMEDIATE SUPERVISOR</p> <p>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale or retail, insurance agency, manufacture of goods, etc.)</p> <p>REASON FOR LEAVING PRESENT EMPLOYMENT <i>Intention ECA</i></p>																																																																																																																				

(CONTINUED ON NEXT PAGE)

16-52010-1

5 DATES OF EMPLOYMENT (month, year) TO LAST TITLE & YOUR POSITION CLASS (if in force) IN (if in force) SALARY OR EARNING (if in force) PER MONTH

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Postal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of books, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and exact position title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (and already paid under item 16) that would assist in performing duties in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service awards you attended is especially important. (Date pages may be used to give full descriptions.)

DATE	FROM	TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41		U.S. Naval Academy	USNR Midshipman's Course
1/44	6/44		Miami Beach	AAF/OCS
6/44	8/44		Orlando, Fla	AAF Combat Intelligence School
1/45	3/45		Catalina Island	Office of Strategic Services
				Clandestine School

18. EDUCATION (Circle highest grade completed)

1	2	3	4	5	6	7	8	9	10	11	12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF

☐ PRIMARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY

Brown University English
Providence, R.I.

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS GRADE

English Literature
Economics
Sociology

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY CONFERENCES GIVEN THROUGH THE ARMED FORCES INSTITUTE SHOW NAME AND LOCATION OF SCHOOL (or IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT)

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED

Hamburg High School, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

DATES ATTENDED		YEARS COMPLETED		DEGREES CONFERRED		SEMESTER HOURS CREDIT
FROM	TO	DAY	NIGHT	TITLE	DATE	
1936	1940	4		AB	June 1940	

LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS GRADE

SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING		SPEAKING		UNDERSTANDING	
	YES	NO	YES	NO	YES	NO
Spanish			X		X	

20. IF YOU HAVE PARTICIPATED OR BEEN IN ANY OF THE FOLLOWING ACTIVITIES:

(1) MILITARY SERVICE (2) CIVIL DEFENSE (3) TIME SERVITUDE AND (4) REASON FOR LEAVING (e.g., military service, business, education, etc.)

See list attached

21. LIST ANY SPECIAL SKILLS, TALENTS, AND KNOWLEDGE OF MACHINES, EQUIPMENT, OR TOOLS WHICH YOU HAVE USED OR ARE CURRENTLY USING IN YOUR PRESENT OR PREVIOUS EMPLOYMENT. KEY PERSON, FURNISH DATE, NATURE OF PROFESSIONAL DUTIES

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY CERTIFIED MEMBERSHIP OR TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)

☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE.

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN FORM OR APPLICATION SUCH AS:

(1) OTHER MAJOR EMPLOYMENT OR ACTIVITIES (do not outline unless requested)
(2) SPECIAL TRAINING OR EDUCATION
(3) SPECIAL TRAINING AND SPECIAL RELATIONS EXPERIENCE
(4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(5) AWARDS AND HONORS RECEIVED

Covered in detail: "Who's Who in the East" Vol. II

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPE SHORTHAND

18 (CONTINUED)

② DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 TO Oct. 1943		EXACT TITLE OF YOUR POSITION <i>War Correspondent</i>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 600 PER MONTH FINAL \$
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Sam Longmell - Editor</i>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <i>"LIFE"</i>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.) <i>Publishing</i>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>Enlisting in AAF</i>		

DESCRIPTION OF YOUR WORK
Travel with Naval combat group in S. Pacific. Report results of action.

③ DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 TO Jan. 1943		EXACT TITLE OF YOUR POSITION <i>Script Writer</i>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 600 PER MONTH FINAL \$
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Louis de Rochemont - Editor</i>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <i>The March of Time (Cinema)</i>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.) <i>Newsreel producers</i>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>go overseas w/ Life</i>		

DESCRIPTION OF YOUR WORK
Developing screen narrative of a particular subject - writing narration & footage. Writing & producing Naval Training Films.

④ DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ PER MONTH
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		

DESCRIPTION OF YOUR WORK

[illegible]

AFFIDAVIT
STRIKING AGAINST THE FEDERAL GOVERNMENT
DEPARTMENT OF STATE

Economic Cooperation Administration

(Place of Employment)

(Office or Division)

E. Howard Hunt, Jr.

I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 1948
at Washington, State of DC

Marion W. Wolf
(Signature of Officer)

Notary Public

(Title)

NOTE: Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provide: further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

OATH OF OFFICE, AFFIDAVIT
AND
DECLARATION OF APPOINTEE

Economic Cooperation Administration

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

A.
OATH OF
OFFICE

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B.
AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
DECLARATION
OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.
(Signature of Appointee)

Subscribed and sworn before me this 9 day of June A. D., 1948
at Washington DC
(City) (State)

[SEAL]

Marvin W. Will
(Signature of Notary Public)
Notary Public
(Title)

My commission expires 14 Dec., 1948

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

9 June, 1948

(Date of Entrance on Duty)

F33-5; U.S. Media Specialist

(Position to which appointed)

Oct. 9, 1918

(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mrs. E. H. Hunt mother
(Name) (Relationship)

50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? No. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 12.

Name	Residence address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Religion	Married or single	Age
1.					
2.					
3.					
1.					
2.					
3.					
1.					
2.					
3.					

4. Place of birth Hamburg, Erie County, N.Y.
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	12. Space for detailed answers to other questions.
5. Are you a citizen of the United States?	X		Write in left column numbers of items to which detailed answers apply <u>ECA Information</u> <u>Specialist</u> <u>CAF 12</u> <u>85900-20</u>
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission?			
(2) this agency in connection with this appointment?			
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you claimed your citizenship?		X	
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality?		X	
If so, state the place, position, and salary under item 12.			
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?		X	
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act?		X	
If so, give details under item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act and fund, if retired from military or naval service.			
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position?		X	
If so, give under item 12 where employed, name and address of employer and the reason for discharge in each case.			
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted, or convicted of any offense (felony or misdemeanor)?		X	
If so, for each case give under item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.			

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promises to observe provisions regarding personal agency, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical cert. name. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for ascertaining the citizenship of the appointee rests with the appointing officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Members do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, involving all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representative for decision. Under War Service Regulations, the members provision does not apply to temporary appointments for one year or less.

APPLICATION FOR FEDERAL EMPLOYMENT

APPROVAL EXPIRES
NOV. 15, 1949

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Do not write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding completion of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Retain the copy with which you file this application of your choice in case of loss.

APPLICATION NO.

ANNOUNCEMENT

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OFFICE (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) & DATE OF THIS APPLICATION
17 May 1948

4 (First name) (Middle) (Last)
XX (Everette) Howard Hunt (Jr.)

5 (a) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(b) CITY OR POST OFFICE (including postal name) AND STATE
Albany 6, New York

6 (a) STATE OF BIRTH (State) (b) COUNTY (c) HOME PHONE
New York 4-2101 3-6218

7 DATE OF BIRTH (month, day, year)
Oct. 9, 1918

8 (a) PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
Hamburg, Erie County, New York

9 (a) SEX (b) HEIGHT WITHOUT SHOES (c) WEIGHT
☒ MALE ☐ FEMALE 5 FEET 9 INCHES 165 POUNDS

10 ☐ MARRIED ☒ SINGLE

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only

☐ APPROVED ☐ REJECTED ☐ DEFERRED

☐ RECOMMENDED ☐ NOT RECOMMENDED

REASON FOR REJECTION OR DEFERMENT

EXPERIENCE	GRADE	EDUCATION	PREFERENCE	ADDITIONAL
			<input type="checkbox"/> 5 POINTS (BEST)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> 15 POINTS	
			<input type="checkbox"/> 20 POINTS	
			<input type="checkbox"/> 25 POINTS	
			<input type="checkbox"/> 30 POINTS	
			<input type="checkbox"/> 35 POINTS	
			<input type="checkbox"/> 40 POINTS	
			<input type="checkbox"/> 45 POINTS	
			<input type="checkbox"/> 50 POINTS	

INITIALS AND DATE

11. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO
(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

12. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR
You will not be considered for any position with a lower entrance salary.

(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

13. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES

(d) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

14. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below as "Present Position."

① PRESENT POSITION

DATE OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION Self-employed	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING: 15000 PER YEAR PRESENT: 15000 PER YEAR
PLACE OF EMPLOYMENT (city and State) Albany, N.Y.	NAME AND TITLE OF IMMEDIATE SUPERVISOR Writing	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale firm, insurance agency, manufacture of books, etc.) Writing	
NAME AND TITLE OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		REASON FOR LEAVING TO CHANGE EMPLOYMENT Interested in ECA	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			
DESCRIPTION OF YOUR WORK Authoring novels and magazine stories.			

(CONTINUED ON NEXT PAGE)

16 CONTINUED

② DATES OF EMPLOYMENT (month, year)
 FROM Jan. 1943 TO Oct. 1943 *War Correspondent* CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS: STARTING \$ PER MONTH FINAL \$ 600

PLACE OF EMPLOYMENT (city and State)
New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR
Sam Foxwell, Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)
"LIFE" KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)
Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU
 REASON FOR LEAVING
Enlisting in AAF

DESCRIPTION OF YOUR WORK
Travel with Naval combat groups in S. Pacific. Report results of action.

③ DATES OF EMPLOYMENT (month, year)
 FROM Oct. 1943 TO Jan. 1943 *Script Writer* CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS: STARTING \$ PER MONTH FINAL \$ 600

PLACE OF EMPLOYMENT (city and State)
New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR
Joris de Rachement, Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)
The March of Time (Cinema) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)
Documental producers

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU
 REASON FOR LEAVING
go overseas w/ "Life"

DESCRIPTION OF YOUR WORK
Developing screen narrative of a particular subject - writing narration & footage writing & producing Naval Training Films

④ DATES OF EMPLOYMENT (month, year)
 FROM: TO: EXACT TITLE OF YOUR POSITION CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS: STARTING \$ PER MONTH FINAL \$

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

24. RETURNED TO: List three persons living in the United States or Territories of the United States who have been related to you and who have intimate knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
John C. Farrar	53 East 34th Street, New York 18	Publisher
Raymond Rubicam	444 Madison Avenue, New York 18	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. HAVE YOU EVER BEEN ASKED BY ANY OF YOUR PRESENT EMPLOYERS REGARDING YOUR CHARACTER OR QUALIFICATIONS ETC?	X		35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		36. DO YOU THE UNITED STATES GOVERNMENT EMPLOYER IN A POSITION CAPACITY AND PLACE OF YOURSELF (IF BLOOD OR MARITAL) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS?		
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?		X	37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	(b) IS THE WORD "DISAPABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR IS AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS A PART OF A FOREIGN OR FOREIGN DISSENTING, WITHIN THE COMMISSION OF ACTS OF FORCE OR VIOLENCE OR OF OTHER ACTS, WHICH TO THE BEST OF YOUR KNOWLEDGE, ARE IN VIOLATION OF THE CONSTITUTION OF THE UNITED STATES OR OF ANY STATE OR TERRITORY OF THE UNITED STATES OR OF ANY FOREIGN COUNTRY?		X	(c) HAS SERVICE INFORMATION ON ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?	X	
If your answer to question 27, 28, or 29 above is "yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			30. DATE OF ENTRY INTO SERVICE (Indicate date of entry into service)		
31. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, FINED, OR CONFINED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR EVER BEEN ORDERED TO POST BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING MINOR TRAFFIC VIOLATIONS FOR BREACHING OR VIOLATION OF ANY ORDINANCE OR BY-LAW?		X	32. (a) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR, DID YOU PARTICIPATE IN A CAMPAIGN OR BATTLE AND RECEIVE A CAMPAIGN BADGE OR SERVICE MEDAL?	X	
If your answer is "Yes," list all such cases under Item 32 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			(b) ARE YOU A DISABLED VETERAN?		
33. HAVE YOU EVER BEEN DISCHARGED, OR EXCLUDED FROM SERVICE, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?		X	If yes, and you have not listed your disability in answer to Item 33, explain in Item 34 below.		
If your answer is "Yes," give in Item 33 the name and address of employer, date, and reason in each case.			(c) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?	X	
34. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION, OR ACCEPTING CIVIL SERVICE APPOINTMENT?		X	(d) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHO HAS NOT APPLIED FOR CIVIL SERVICE APPOINTMENT?	X	
If your answer is "Yes," give dates of and reasons for such bar in Item 34.			THIS SPACE FOR USE OF APPOINTING OFFICER ONLY		
35. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?		X	The information contained in the answers to Questions 37 above has been verified by comparison with the discharge certificate on 6-1, 1948.		
If your answer is "Yes," give complete details in Item 35 so that consideration can be given to your physical fitness for the job.			Agency: _____ Title: _____		
36. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		X	Item No. _____		
If your answer is "Yes," give complete details in Item 36.			_____		

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Falsely making this application is punishable by Law (U.S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: _____

(Show your name in INK. Do not give just M. or Mrs. and if married, initial or initials, and surname. If female, or own given name as "Mrs. Mary L. (M.)")

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,



W. A. Harriman
U. S. Special Representative
in Europe.

I am personally sorry we aren't going to have any more trips together
Wally

Mr. Howard Hunt
Information Division
ECA 2 rue Saint Florentin
PARIS.

FORM NO. 10 (PART)
UNITED STATES
SERVICE COMMISSION
OCTOBER 1946

BUDGET BUREAU NO.

U. S. GOVERNMENT PRINTING OFFICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR--MISS--MRS--FIRST--MIDDLE INITIAL--LAST) Mr. M. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 7	4. DATE 6-9-48
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Separation - Transfer (to Econ. Corp. Admin., Foreign Service)		6. EFFECTIVE DATE 6-9-48 ccb	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
Information and Editorial Spec.		8. POSITION TITLE		
CAF-10, \$5005.70 per annum CSO No. 103 - Series 1220		9. SERVICE, GRADE, SALARY		
Press Information Division		10. ORGANIZATIONAL DESIGNATIONS		
Washington, D. C.		11. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. REMARKS				
<p>Appointed to Foreign Service, effective 6-9-48.</p> <p>Annual and sick leave, if any, to be transferred.</p> <p><i>Approved and Forwarded</i></p> <p>V. L. Couch Director of Personnel</p>				
14. SIGNATURE OR OTHER AUTHENTICATION				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NONE	5 PT.	10 POINT	10 PT.	10 PT.
	DISAB	WIFE	WIDOW	OTHER
17. SEX M	18. RACE W	19. APPROPRIATION FROM TO: 11B/95-200(C1) 100 01		20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) No
		21. DATE OF OATH (ACCESSIONS ONLY)		22. LEGAL RESIDENCE New York
CSO No. 103 6-14-48				

U. S. GOVERNMENT PRINTING OFFICE: 1947-9

4. PERSONNEL FOLDER COPY

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE 6-9-48	
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO. 42	
NAME (LAST)		(FIRST)		(MIDDLE)		DATE OF BIRTH	
Hunt		E.		Howard		Jr.	
						LEGAL AUTHORITY PL 472, 80th	
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:							
NATURE OF ACTION Appointment by Transfer						EFFECTIVE DATE 6-9-48	
						SERVICE ECA	
						DATE OF OATH 6-9-48	
FROM				TO			
POSITION TITLE				U. S. Media Specialist			
CLASS AND TOTAL SALARY				FSS-5, \$6120 per annum			
POST				Office of Special Representative Information Division Paris, France			
BASIC SALARY							
TEMPORARY INCREASE							
APPROPRIATION-ALLOTMENT				118/95400(01) 100 01			
POSITION NUMBER				FSS-1230-5-58-36, admin. allocated 6-9-48			
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
REQUIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION		
	NO	NON-AMERICAN		10 POINTS	NEW		
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			REALLOCATION		
New York	M	Single			Vacancy		

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH

REMARKS: **Subject to items a, b, c, j, 1, g.**

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

pay card delivered to Mr. Hunt

Edward H. Bellows

TITLE: **Special Representative to ECA**

RECEIVING POST

DIVISION OF FOREIGN SERVICE PERSONNEL				DATE 6/9/48				
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				JOURNAL NO. AB				
NAME (LAST)		(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY			
Bunt		E.	Howard Jr.	10/9/18	PL 472 - 80th SERVICE			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:								
NATURE OF ACTION Appointment by transfer				EFFECTIVE DATE 6/9/48	DATE OF OATH 6/9/48			
FROM			TO					
POSITION TITLE	U.S. Media Specialist							
CLASS AND TOTAL SALARY	FSS-5, \$6120 pa							
POST	Office of Special Representative Information Division Paris France							
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT	118/95400(01)-100 01							
POSITION NUMBER	FSS-1230-5-SR-36, admin alloc 6/9/48							
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
	NO	NON-AMERICAN		10 POINTS	NEW			
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL		VICE NAME	
New York	M	Single					Vacancy	
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:</p> <p>Subject to items a b c e. j. i. g.</p> <p>REMARKS:</p> <p>Not to exceed the duration of the Foreign Assistance Program.</p> <p>Affidavit: "Striking Against the Federal Government" signed.</p> <p>Previously employed by ECA, Wash, D.C. Departmental Service.</p>								

2

Regrett H. Bellon
State Department
Representative to ECA

FORM FD-540, REVISED 6-19-67

DIVISION OF FOREIGN SERVICE PERSONNEL				DATE 6/9/48		
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				JOURNAL NO. 42		
NAME (LAST) Hunt		NAME (FIRST) E.		NAME (MIDDLE) HOWARD JR.		
DATE OF BIRTH 10/9/18		LEGAL AUTHORITY FL 472 - 80th				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					SERVICE FCA	
NATURE OF ACTION Appointment by transfer			EFFECTIVE DATE 6/9/48		DATE OF OATH 6/9/48	
FROM			TO			
POSITION TITLE			U.S. Trade Specialist			
CLASS AND TOTAL SALARY			FSS-5, 10126			
POST			Office of Special Representative, Information Division			
BASIC SALARY			Paris, France			
TEMPORARY INCREASE						
APPROPRIATION-ALLOTMENT			115/64500(21) 100 01			
POSITION NUMBER			FSS-1230-5-85-36, Admin Office 6/9/48			
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION	
		NON-AMERICAN		10 POINTS	NEW	REALLOCATION
LEGAL RESIDENCE	NEW YORK	SEX	M	MARITAL STATUS AND CHILDREN UNDER 21	ADDITIONAL IDENTICAL	VICE (NAME)
				Single		None
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HERewith:</p> <p>Subject to items a b c e, f, i, g.</p> <p>REMARKS:</p> <p>Not to exceed the duration of the Foreign Assistance Program.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p>Previously employed by LCA, Wash. D.C. Departmental Service.</p>						
1				<p>SIGNATURE</p> <p>TITLE: LOUPO</p>		

12 GPO: 1967-702331

EMPLOYEE'S COPY

FORM FD-149, REVISED 6-1-67

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE 6-9-48	
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO. 4E	
NAME (LAST)		FIRST		MIDDLE		DATE OF BIRTH	
Hunt		R.		Howard		Jr.	
						10-9-18	
LEGAL AUTHORITY PL 472, 80th						SERVICE BCA	
NATURE OF ACTION Appointment by Transfer						EFFECTIVE DATE 6-9-48	
DATE OF ACTION						DATE OF OATH 6-9-48	
FROM				TO			
POSITION TITLE				U. S. Media Specialist			
CLASS AND TOTAL SALARY				FSS-5, \$6120 per annum			
POST				Office of Special Representative Information Division Paris, France			
BASIC SALARY							
TEMPORARY INCREASE							
APPROPRIATION- ALLOCATION				118/95400(01) 100 01			
POSITION NUMBER				FSS-1230-5-SR-36, admin. allocated 6-9-48			
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	PART TIME
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION		
	NO	NON-AMERICAN		10 POINTS	NEW		
LEGAL RESIDENCE	NEW YORK	M	SINGLE	ADDITIONAL IDENTICAL			VICE (NAME) Vacancy

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: Subject to items a, b, c, j, i, g.

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

2

Everett H. Bellows
State Department
Representative to BCA

FOLOCH

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE		
DEPARTMENT OF STATE						7-7-48		
ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO.		
						188		
NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY				
Shurt	E.	Howard	Jr.	10-9-18	PL 472 - 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE		
NATURE OF ACTION						DATE OF OATH		
Appointment by Transfer - Amendment						PCA		
EFFECTIVE DATE						6-9-48		
FROM						TO		
POSITION TITLE						U. S. Media Specialist		
CLASS AND TOTAL SALARY						FES-5, \$6120 per annum		
POST						Office of Special Representative, Information Division, Paris, France		
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT						118/95400(01) 100 01		
POSITION NUMBER						FES-1230-5-RR-36, admin, allocated 6-9-48		
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	
RETIREMENT REDUCTIONS	YES	AMERICAN	VETERAN	5 POINTS	NATURE OF POSITION			
	NO	NON-AMERICAN	PREFERENCE	10 POINTS	NEW			
LEGAL RESIDENCE	NEW YORK	MARRIAGE STATUS AND CHILDREN UNDER 21	ADDITIONAL IDENTICAL					
	M	SINGLE	VACANCY					

CONDITIONS AND REQUIREMENTS APPLYING TO ACTION AND CONFIRMATION OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

Subject to items a, b, c, j, i, g, d.

REMARKS: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malbourne L. Spector
Assistant State Department
Representative to PCA

ENCLOSURE

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE 7/7/68	
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO. 185	
NAME (LAST)	NAME (FIRST)	NAME (MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY			
LUFT	E.	HOWARD JR.	10-9-18	FL 472 8th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE FOA	
NATURE OF ACTION			EFFECTIVE DATE	DATE OF OATH			
Appointment by transfer - Amendment			6/9/68	7/6/68			
FROM			TO				
POSITION TITLE			U.S. Media Council list				
CLASS AND TOTAL SALARY			FAS-5 \$17,000				
POST			Office of Special Representative Information Division				
BASIC SALARY			\$17,000				
TEMPORARY INCREASE							
APPROPRIATION-ALLOTMENT			17/9/68(01) loc 01				
POSITION NUMBER			17-12-5-58-6, Admin loc 6/9/68				
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	PERMA-NENT	X	TEMPO-RARY
RETIREMENT DEDUCTIONS	YES	NO	AMERICAN	X	VETERAN PREFERENCE	5 POINTS	10 POINTS
LEGAL RESIDENCE			MARITAL STATUS AND CHILDREN UNDER 21			NATURE OF POSITION	
New York			Single			NEW	
						REALLOCATION	
						ADDITIONAL IDENTICAL	
						VICE (NAME)	
						No copy	
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:</p> <p>REMARKS: Subject to items a, b, c, j, i, g, d.</p> <p>In lieu of appointment by transfer on personnel action report dated 6/9/68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and omitting subject to item d.</p> <p>Limited appointment. Duration limited to the period in which appointee's services are required by FOA and in any case limited to the duration of FOA.</p> <p>Previously employed by FOA Wash., D.C. Departmental Service.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p>3 Page 7/28 Page 7/28</p>							
TITLE: Melbourne L. [Signature]				Asst. Sec. to [Signature]			
TITLE: [Signature]				[Signature]			

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE

ECONOMIC COOPERATION ADMINISTRATION

DATE

7-7-48

JOURNAL NO.

182

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH
East E. Edward Jr. 10-9-18

LEGAL AUTHORITY

PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE

ECA

NATURE OF ACTION

Appointment by Transfer - Assistant

EFFECTIVE DATE

6-9-48

DATE OF BIRTH

6-9-18

FROM

TO

POSITION
TITLE

U. S. Media Specialist

CLASS AND
TYPICAL SALARY

GS-3, \$6120 per annum

POST

Office of Special Representative
Information Division
Paris, FranceBASIC
SALARYTEMPORARY
INCREASEAPPROPRIATION-
ALLIANCEPOSITION
NUMBER118/9-100(01) 100 01
PL-100-9-68-36, admin.
allocated 6-9-48

NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RELIEFMENT DEDUCTIONS	YES NO	AMERICAN NON-AMERICAN	VETERAN PREFERENCE	5 POINTS 10 POINTS	NATURE OF POSITION			
LEGAL RESIDENCE	NEW YORK	STATE	MARRIAGE STATUS AND CHILDREN UNDER 21	ADDITIONAL IDENTICAL		VICE INAMEL Vacancy		

CONDITIONS AND REQUIREMENTS: ALL OF ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to Items a, b, c, J, 1, G, d.

REMARKS: In lieu of Appointment by Transfer as personnel action report dated 6-9-48 indicating "Not to cancel the duration of the Foreign Assistance Program" instead of the following statement, and certifying subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Swearing Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malbourne L. Specter
Assistant State Department

BUDGET

(Date) July 29, 1948

To: Director of Personnel
From: Director of Security
Subj: Notice of Loyalty and Security Certification of:
HUNT, E. Howard, Jr. ECA-48-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17, dated July 28, 1948.

J. W. Yeagley
Director of Security

Payroll copy attached.

Tom [unclear]

jw:dy

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,
U. S. Special Representative,
Economic Cooperation Administration,
Hotel Talleyrand,
Paris, France.

Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,

Westmore Willcox

Westmore Willcox
Chief of Special Mission

WW/ls

cc: Mr. Hoffman
Mr. Friendly

FORM NO. 105-10-1-49

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATIONDATE
3-17-49

JOURNAL NO.

4 E

NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH	LEGAL AUTHORITY
HUNT	E.	HOWARD	Jr.	10-9-18	PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT.

ECA

NATURE OF ACTION

EFFECTIVE DATE

DATE OF BIRTH

Termination

cob 2-19-49

FROM

TO

POSITION TITLE	Asst. Economic Commissioner * (U. S. Media Specialist)
CLASS AND TOTAL SALARY	FSS-5 (ECA) \$6120 per annum
POST	Office of Special Representative Information Division Paris, France

BASIC SALARY

TEMPORARY INCREASE

APPROPRIATION-
ALLOTMENT

118/95400(01).008

POSITION NUMBER

FSS-5-SR-36

admin. allocated 6-9-48 *file*

NATURE OF EMPLOYMENT	PERMANENT	<input checked="" type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input checked="" type="checkbox"/>	PART TIME	<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	<input checked="" type="checkbox"/>	AMERICAN	<input checked="" type="checkbox"/>	VETERAN PREFERENCE	5 POINTS	<input checked="" type="checkbox"/>	10 POINTS								
LEADS HEADQUARTERS	NEW YORK		NON-AMERICAN													

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND ACTION OF STATE DEPARTMENT THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS:

* Equivalent to Attache.

Completion of Assignment

Mailing address: 30 Willett Street, Albany 6, New York

2

D. V. Stapleton
State Department

Representative to ECA

FOLDER

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE
DEPARTMENT OF STATE						3-17-49
ECONOMIC COOPERATION ADMINISTRATION						JOURNAL NO.
						48
NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY		
BUET	S.	BOWARD Jr.	10-9-18	PL 472 - 80th		
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						ECA
NATURE OF ACTION			EFFECTIVE DATE	DATE OF OATH		
Termination			Feb 2-19-49			
FROM			TO			
POSITION TITLE	Asst. Economic Commissioner * (U. S. Media Specialist)					
CLASS AND TOTAL SALARY	PS-5 (EC) \$6120 per annum					
POST	Office of Special Representative Information Division Paris, France					
BASIC SALARY						
TEMPORARY INCREASE						
APPROPRIATION-ALLOTMENT	113/92400(01).003					
POSITION NUMBER	PS-5-2B-16					
Admin. Allotment 6-9-48						
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	8 POINTS	NATURE OF POSITION	
		NON-AMERICAN		10 POINTS	NEW	REALLOCATION
LEGAL RESIDENCE	USA		MARITAL STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL	
NEW YORK			Single		VICE INASH	
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EXPECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.</p> <p>REMARKS:</p> <p>* Equivalent to Attache.</p> <p>Completion of Assignment</p> <p>Mailing address: 30 Willett Street, Albany 6, New York</p>						
<p>10</p> <p>D. V. Stapleton State Department Representative to ECA</p>						

STANDARD FORM 57-NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPROX. ☐ MATERIAL ☐ INITIAL REGISTER
☐ NON APPROX. ☐ SUBMITTED ☐ RETURNED

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR
Intelligence Officer

2. PLACE OF EMPLOYMENT APPLIED FOR (City and State)
Washington, D.C.

3. DATE OF THIS APPLICATION
Nov 2, 1948

4. FULL NAME (First name) (Middle) (Maiden, if any) (Last)
Everette Howard Hunt, Jr.

5. (a) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street

(b) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

6. LEGAL OR VOTING RESIDENCE (State)
New York

(a) OFFICE PHONE

(b) HOME PHONE
3-6218

7. DATE OF BIRTH (month, day, year)
October 2, 1918

8. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)
Hamburg, New York, USA

9. SEX
☒ MALE ☐ FEMALE

10. (a) HEIGHT WITHOUT SHOES
5 FEET 10 INCHES

(b) WEIGHT
168 POUNDS

11. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
PSS 5

12. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 9,000 PER YEAR.
You will not be considered for any position with a lower entrance salary.

(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

13. (a) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☐ OUTSIDE THE UNITED STATES

(b) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

14. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION Not presently employed

DATES OF EMPLOYMENT (month, year)
FROM: TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS:
STARTING \$ PER
PRESENT \$ PER

PLACE OF EMPLOYMENT (city and State)

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of goods, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT

DESCRIPTION OF YOUR WORK

(CONTINUED ON NEXT PAGE)

16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM May, 1948 to Feb., 1949 EXACT TITLE OF YOUR POSITION U.S. Media Specialist CLASSIFICATION GRADE (if in Federal service) GS-5 SALARY OR EARNINGS (if in Federal service) STARTING \$10.10 PER YEAR yr FINAL \$12.20 PER YEAR yr

PLACE OF EMPLOYMENT (city and State) Washington, D.C.; Paris, France
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration
2 rue St. Florentin, Paris 1, France

NAME AND TITLE OF IMMEDIATE SUPERVISOR J. L. Fleming, U.S. Media Officer
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING Deterioration of personal affairs while abroad.

DESCRIPTION OF YOUR WORK

General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films; press scrutiny; analysis of Communist propaganda

③ DATES OF EMPLOYMENT (month, year) FROM Jan., 1943 to Oct., 1943 EXACT TITLE OF YOUR POSITION War Correspondent CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS (if in Federal service) STARTING \$12.00 PER YEAR wk FINAL \$15.00 PER YEAR wk

PLACE OF EMPLOYMENT (city and State) New York, N.Y.
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y.
TIME, Inc.

NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Lonell, Editor of LIFE
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

Publishing
REASON FOR LEAVING Re-enter military service

DESCRIPTION OF YOUR WORK

Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific

④ DATES OF EMPLOYMENT (month, year) FROM Oct., 1942 to Jan., 1943 EXACT TITLE OF YOUR POSITION Script Writer CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS (if in Federal service) STARTING \$12.00 PER YEAR wk FINAL \$15.00 PER YEAR wk

PLACE OF EMPLOYMENT (city and State) New York, N.Y.
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME
369 Lexington Avenue, New York 16

NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont; Producer
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

Documentary films
REASON FOR LEAVING Opportunity to revisit combat zones

DESCRIPTION OF YOUR WORK

Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

18. PRESENTED BY Last three persons living in the United States or Territories of the United States who are NOT related to you in a family and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 16 (EXPERIENCE)		PATIENT, BUSINESS, OR SOCIAL ADDRESS (Give complete current address, including street and city)		BUSINESS OR OCCUPATION	
FULL NAME		PATIENT, BUSINESS, OR SOCIAL ADDRESS		BUSINESS OR OCCUPATION	
Westmore Wilcox, Jr.		60 William St., New York City		Investments	
Robert G. North		5247 Ardona Drive, Hollywood, Cal.		Textiles	
Maj. J. E. Singlaub		"L" Bldg., Washington, D.C.		U. S. Army	
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES		NO	
24. MAY INQUIRY BY NAME OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.		---		X	
25. ARE YOU A CITIZEN OF THE UNITED STATES OR OF THE DISTRICT OF COLUMBIA?		X		---	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?		X		---	
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X		---	
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, SOCIETY, GROUP, OR COMBINATION OF PERSONS WHICH INVOLVES THE EXERCISE OF OR RECEIPT OF PERSONAL POWER OF GOVERNMENT, OR AN ORGANIZATION ASSOCIATION, SOCIETY, GROUP, OR COMBINATION OF PERSONS WHICH HAS ASSUMED A POLICY OF EXERCISING OR ATTEMPTING TO EXERCISE THE COERCION OF ACTS OF FORCE OR THREAT TO ENFORCE TO OTHER PERSONS THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF ATTEMPTING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES OR OF CONSTITUTIONAL RIGHTS?		X		---	
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED ON BASIS OF CRIMINAL RECORD, OR HAVE YOU EVER BEEN ORDERED TO PAY FINE OR INCURRED PENALTY FOR VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$25 OR LESS WAS IMPOSED?		X		---	
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM CONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?		X		---	
32. HAVE YOU EVER BEEN BURIED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION OR ACCEPTING CIVIL SERVICE APPOINTMENT?		X		---	
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH WOULD BE CONSIDERED IN REFUSING YOU TO WORK?		X		---	
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER AN RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		X		---	
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		---		X	
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		---		X	
37. (A) WENT YOU FURTHER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?		X		---	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?		X		---	
(C) WERE SERVICES PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?		X		---	
(D) DATE OF ENTRY ON ENLISTMENT INTO SERVICE		1940 below		DATE OF SEPARATION OR SEPARATION	
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)		1940 below		SERIAL NO. (if none, give grade or rating at time of separation)	
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		X		---	
(B) ARE YOU A DISABLED VETERAN?		---		X	
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		---		X	
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		---		X	
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY		The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on		19	
Agency:		Title:			
39. SPACE FOR DETAILED ANSWERS TO QUESTIONS (indicate item numbers to which answers apply)		ITEM NO.		FILE NO.	
37d Navy: July, 1940 - Oct., 1942		37d		File 97532	
Army: Oct., 1943 - Feb., 1946				Serial 0-587211	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U.S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *E. Howard Smith*

(See your name in INK (once a year) M- or Mrs. and initial name, initial or initials, and surname) If female, give own given name as "Mrs. Mary L. Doe"

STANDARD FORM 57—NOV. 1947 U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT	
<p>INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>			
APPLICATION NO.	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR Intelligence Officer		ANNOUNCEMENT
	2. OPTIONS: (if mentioned in examination announcement)		
	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION Washington, D. C. May 9, 1949		
	5. NAME (First name) (Middle) (Surname, if any) (Last) Everette Howard Hunt, Jr.		
	6. (A) STREET AND NUMBER OR R. D. NUMBER 30 Willett Street		
	(B) CITY OR POST OFFICE (including postal zone) AND STATE Albany 6, New York		
	7. LEGAL OR VOTING RESIDENCE (State) 8. (A) OFFICE PHONE (B) HOME PHONE New York 3-6218		
	9. DATE OF BIRTH (month, day, year) 10. <input type="checkbox"/> MARRIED October 9, 1918 <input type="checkbox"/> SINGLE		
	11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) Hamburg, New York, USA		
	12. <input checked="" type="checkbox"/> MALE 13. (A) HEIGHT WITHOUT SHOES (B) WEIGHT: <input type="checkbox"/> FEMALE 5 FEET 10 INCHES 168 POUNDS		
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5			DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only
15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES (E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:			
16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."			
<div style="display: flex; justify-content: space-between;"> <div> <p>PRESENT POSITION</p> <p>DATE OF EMPLOYMENT (month, year) FROM _____ TO PRESENT TIME</p> <p>PLACE OF EMPLOYMENT (city and State) _____</p> <p>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) _____</p> <p>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____</p> <p>DESCRIPTION OF YOUR WORK _____</p> </div> <div> <p>EXACT TITLE OF YOUR PRESENT POSITION _____</p> <p>NAME AND TITLE OF IMMEDIATE SUPERVISOR _____</p> <p>KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale and insurance agency, manufacture of locks, etc.) _____</p> <p>REASON FOR DESIRING TO CHANGE EMPLOYMENT _____</p> </div> <div> <p>CLASSIFICATION GRADE OF YOUR PRESENT POSITION (in Federal Service) _____</p> <p>STARTING DATE _____ PER _____</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>17. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5</p> </div> <div> <p>18. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>19. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5</p> </div> <div> <p>20. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>21. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5</p> </div> <div> <p>22. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>23. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5</p> </div> <div> <p>24. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <p>25. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5</p> </div> <div> <p>26. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p> </div> </div>			

(CONTINUED ON NEXT PAGE)

16-63925-9

IF CONTINUED			
② DATES OF EMPLOYMENT (month, year) FROM May 1948 to Feb. 1949		EXACT TITLE OF YOUR POSITION U.S. Media Specialist	
PLACE OF EMPLOYMENT (city and State) Washington, D. C.; Paris, France		CLASSIFICATION GRADE (if in Federal service) GS-5	SALARY OR EARNINGS STARTING \$ 5940 PER YR. FINAL \$ 6420 PER YR.
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France		NAME AND TITLE OF IMMEDIATE SUPERVISOR J.F. Fleming, U.S. Liaison Officer	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING deterioration of personal affairs while abroad.	
DESCRIPTION OF YOUR WORK General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda.			
③ DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 to Oct. 1943		EXACT TITLE OF YOUR POSITION War Correspondent	
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 150 PER WK. FINAL \$ 150 PER WK.
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. TIME, Inc.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longwell, Editor of LIFE	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Re-enter military service	
DESCRIPTION OF YOUR WORK Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific.			
④ DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 to Jan. 1943		EXACT TITLE OF YOUR POSITION Script Writer	
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 150 PER WK. FINAL \$ 150 PER WK.
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME 369 Lexington Avenue, New York 16		NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont, producer	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Opportunity to revisit combat zones.	
DESCRIPTION OF YOUR WORK Creating from researched themes the framework of the monthly commercial release; writing film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.			

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 14 (KAFERINCEB).		
FULL NAME	PRESENT HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Westmore Willcox, Jr.	67 William St., New York City	Investments
Robert G. North	3247 Fremont Drive, Hollywood, Cal.	Taxiderm
Maj. J.K. Singlaub	"L" Bldg., Washington, D. C.	U.S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "Y" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "Y" IN PROPER COLUMN	YES	NO
25. MAY INCLUDE BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?	---	---	25. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	---	X
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	---	26. DOES THE UNITED STATES GOVERNMENT EMPLOY A CIVILIAN CAPACITY ANY RELATIVE (1) AS BY BLOOD OR MARRIAGE WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 10 MONTHS?	---	X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	---	X	27. IF YOUR ANSWER IS "YES," SHOW IN ITEM 38 FOR EACH SUCH RELATIVE (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment	---	---
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	---	X	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VET. EXEMPT, or as the WIDOW OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ASSOCIATES THE OVERTHROW OF OUR CONSTITUTION, FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ASSAULTING OR IMPEDING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNLAWFUL MEANS?			37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?		
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR COMMITTED, FINED, OR IMPRISONED OR PLACED IN PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR FURNISH SURETY FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, EXCLUDING VIOLATION OF TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTY DOLLARS OR LESS WAS IMPOSED?			(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?		
If your answer is "Yes," list all such names under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			(D) DATE OF ENTRY OR ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATIONS		
31. HAVE YOU EVER BEEN DISCHARGED OR ORDERED TO RESIGN FROM MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?			See below		
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.			BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)		
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?			See below		
If your answer is "Yes," give date of and reasons for such department in Item 39.			38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		
33. HAVE YOU ANY PHYSICAL HANDICAP, DISUSE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?			(B) ARE YOU A DISABLED VETERAN?		
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.			If so, and you have not listed your disability in answer to Item 35, explain in Item 39 below.		
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?			(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		
If your answer is "Yes," give complete details in Item 39.			(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		
35. WANT FOR DETAILED ANSWERS TO OTHER QUESTIONS indicate item numbers to which answers apply.			THIS SPACE FOR USE OF APPOINTING OFFICER ONLY The information contained in the answers to Question 17, above has been verified by comparison with the discharge certificate on..... 19.....		
Agency: _____ Title: _____			Item No. _____		
37a. Navy: July, 1943 - Oct. 1942 File 97732			Item No. _____		
Army: Oct. 1946 - Feb. 1946 Serial 0-37241			Item No. _____		

If more space is required, use paper 10; none use on this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.
 I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code Title 18, Section 80).

SIGNATURE OF APPLICANT
 (Sign your name in INK (use given name, middle or middle and surname). If female, use own given name as "Mrs. Mary L. Doe.")

PERSONNEL ACTION REQUEST

291

NAME H. T. Howe Howard, Jr.		CLASSIFICATION VICE IA <input checked="" type="checkbox"/> VV NEW		INITIAL HJ	DATE 6/29/49
NATURE OF ACTION: Excepted Appointment		QUALIFICATION & REVIEW		INITIAL HJ	DATE 6/23/49
EFFECTIVE DATE 8 Nov. 1949		2105900 800-101 John H. Howard, Jr.		6-2-49 11/20/49	
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:		APPROVED: C. W. Wine SIGNATURE - EXECUTIVE			
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE		SIGNATURE - EXECUTIVE FOR ARMY R. Kelly 6/23/49 SIGNATURE - CHIEF, PERSONNEL BRANCH			
FROM		TO			
TITLE		Intelligence Officer No. 1 (Editor)			
GRADE AND SALARY		\$5-12-7600.00 min. 4572.00 p.a.			
OFFICE		NSC			
BRANCH		Program Planning Staff			
DIVISION		Group 11			
SECTION		Editorial Prod. Div.			
OFFICIAL STATION		Washington, D. C.			
DEPT. or FIELD		Departmental - 130.			
REMARKS: Attached are 2 forms 57. Security initiated 3 June 1949. Searched 107 6/23/49 POSTED 6/23/49					
RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER				DATE	
HJ				13 June 1949	

P.C. 9/30/49
(not) 130

4. PERSONNEL FOLDER COPY

PERSONAL HISTORY STATEMENT

- Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
Office: _____
Ext. _____
Home: 3-8218

A. FULL NAME Mr. Everette Howard Hunt, Jr.
(Use No Initials) Everette First Howard Middle Jr. Last

PRESENT ADDRESS 30 Willott Street, Albany 6, New York, U.S.A.
St. & No. City State Country

PERMANENT ADDRESS 30 Willott Street, Albany 6, New York, U.S.A.
St. & No. City State Country

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? nom de plume

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS _____

Where? _____ By What Authority _____

C. DATE OF BIRTH 10/9/18 PLACE OF BIRTH Hamburg, N.Y., U.S.A.
City State Country

D. PRESENT CITIZENSHIP USA BY BIRTH? Yes BY MARRIAGE? _____
Country

BY NATURALIZATION CERTIFICATE / _____ ISSUED _____ BY _____
Date Court

AT _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:
not applicable

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? ----

PORT OF ENTRY? ----- ON PASSPORT OF WHAT COUNTRY? -----

LAST U.S. VISA -----

Number	Type	Place of Issue	Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168
 EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow
 BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE X MARRIED ----- DIVORCED ----- WIDOWED -----

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS -----
not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable

First	Middle	Maiden	Last

PLACE AND DATE OF MARRIAGE -----

HIS (OR HER) ADDRESS BEFORE MARRIAGE -----

St. & No.	City	State	Country

LIVING OR DECEASED ----- DATE OF DECEASE ----- CAUSE -----

PRESENT, OR LAST, ADDRESS -----

St. & No.	City	State	Country

DATE OF BIRTH ----- PLACE OF BIRTH -----

City	State	Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY -----

CITIZENSHIP ----- WHEN ACQUIRED? ----- WHERE? -----

City	State	Country

OCCUPATION ----- LAST EMPLOYER -----

EMPLOYER'S OR BUSINESS ADDRESS -----

St. & No.	City	State	Country

MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE -----

Date	Date

COUNTRY ----- DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN -----

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Everette Howard Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS 30 Willott street, Albany 6, N.Y., USA
St. & No. City State Country

DATE OF BIRTH 15 Dec 1888 PLACE OF BIRTH Harburg, New York, USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 NORTH PEARL ST. ALBANY, N.Y.
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC
Date Date

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Ethel Jean Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 Willott street, Albany 6, New York, USA
St. & No. City State Country

DATE OF BIRTH 15 March 1891 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION Homemaker LAST EMPLOYER -----
 EMPLOYER'S OR OWN BUSINESS ADDRESS -----
 MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE -----
 COUNTRY ----- DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME not applicable
 PRESENT ADDRESS -----
 2. FULL NAME -----
 PRESENT ADDRESS -----
 3. FULL NAME -----
 PRESENT ADDRESS -----
 4. FULL NAME -----
 PRESENT ADDRESS -----
 5. FULL NAME -----
 PRESENT ADDRESS -----

SEC. 8. FATHER-IN-LAW

FULL NAME not applicable
 LIVING OR DECEASED ----- DATE OF DECEASE ----- CAUSE -----
 PRESENT, OR LAST, ADDRESS -----
 DATE OF BIRTH ----- PLACE OF BIRTH -----
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY -----
 CITIZENSHIP ----- WHEN ACQUIRED? ----- WHERE? -----
 OCCUPATION ----- LAST EMPLOYER -----

SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable
First Middle Last
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country
 OCCUPATION _____ LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
 2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
 3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
 2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
 3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1924-1932 GRADUATE? Yes
 HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1932-1936 GRADUATE? Yes
 COLLEGE Brown University ADDRESS Providence 12, R.I., USA
City State Country
 DATES ATTENDED 1936-1940 DEGREE A.B.
 COLLEGE _____ ADDRESS _____
City State Country
 DATES ATTENDED _____ DEGREE _____

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

USA USAAF 1st Lt. 1943-1946
Country Service Rank Date of Service
 HQ Det. 202, OSS China 0-587241
Last Station Serial No.
 REMARKS: _____
 SELECTIVE SERVICE BOARD NUMBER Hono ADDRESS _____
 IF DEFERRED GIVE REASON _____
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS _____
not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1943 to February, 1949

EMPLOYING FIRM OR AGENCY Economic Cooperation Administration
 ADDRESS 2 rue St. Florentin, Paris 1, France
St. & No. City State Country
 KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. P. Fleming
 TITLE OF JOB U.S. Media Specialist SALARY \$420. PER Year

YOUR DUTIES general PR work plus speech writing for Ambassador Harriman; film production.
 REASONS FOR LEAVING my publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 to October, 1943

EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR Dan Longwell

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 362 Lexington Avenue, New York 16, New York, USA
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$ 150. PER week

YOUR DUTIES Write Naval training films and assist on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

5. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

	Street and Number	City	State
1. Mr. Murray Smouse	BUS. ADD. State Bank of Albany, N.Y. RES. ADD. 321 State Street, Albany, N.Y.		
2. Mr. Chester T. Hubbell	BUS. ADD. Hubbell Lumber Co., Albany, NY, RES. ADD. Louderville, New York		
3. Hon. Westmore Willcox	BUS. ADD. 63 William St., New York 5, NY RES. ADD. East End Avenue, New York, N.Y.		
4. Dr. Bruce Bigelow	BUS. ADD. Brown University, Providence, R.I. RES. ADD. Brown University, Providence, R.I.		
5. Dr. R. C. Noyes	BUS. ADD. Brown University, Providence, R.I. RES. ADD. 164 Anthony St., E. Providence, R.I.		

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Hon. Archibald Douglas, Jr.	BUS. ADD. 120 Broadway, New York, New York RES. ADD. 455 E. 57th St., New York, N.Y.		
2. Hon. MacNeil Mitchell	BUS. ADD. 36 W. 14th Street, New York, NY RES. ADD. 137 East 35th St., New York, N.Y.		
3. Mr. Franklin A. Lindsay	BUS. ADD. "L" Bldg., Washington, D. C. RES. ADD. 3416 Que St., Washington, DC		
4. Mr. Robert G. North	BUS. ADD. 1719 North McCadden Place, Hollywood RES. ADD. 3947 Fredonia Dr., Hollywood, Cal.		
5. Maj. J. K. Singlaub	BUS. ADD. "L" Bldg., Washington, D. C. RES. ADD. 5509 Johnson Ave., Bethesda, Md.		

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. J. Stanley Davis	BUS. ADD. 3 Englewood Place	Albany	N.Y.
	RES. ADD. 90 State St.	Albany	N.Y.
2. Mr. Peter Kiernan, Jr.	BUS. ADD. 5 Englewood Place	Albany	N.Y.
	RES. ADD. 120 State Street	Albany	N.Y.
3. Bishop E. L. Barry	BUS. ADD. ----		
	RES. ADD. 32 Willett Street	Albany	N.Y.

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: not applicable

D. GIVE THREE CREDIT REFERENCES—IN THE U.S.

1. NAME <u>Brooks Prothors</u>	ADDRESS <u>346 Madison Ave., New York, N.Y.</u>
2. NAME <u>Abercrombie & Fitch</u>	ADDRESS <u>Madison Avenue, New York, N.Y.</u>
3. NAME <u>Hotels Statler</u>	ADDRESS <u>New York, New York</u>

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM	TO	St. No.	City	State	Country
FROM <u>1941</u>	TO <u>Present</u>	<u>30 Willett Street</u>	<u>Albany</u>	<u>6, N.Y.</u>	<u>USA</u>
FROM <u>1937</u>	TO <u>1941</u>	<u>125 Lancaster Ave.</u>	<u>Buffalo</u>	<u>N.Y.</u>	<u>USA</u>
FROM <u>1918</u>	TO <u>1937</u>	<u>35 Maple Avenue</u>	<u>Hamburg</u>	<u>New York</u>	<u>USA</u>
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country
FROM	TO	St. No.	City	State	Country

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM	TO	City or Section	Country	Purpose
FROM <u>June 139</u>	TO <u>Sept. 1950</u>	<u>Europe</u>	<u>Europe</u>	<u>pleasure</u>
FROM <u>March 147</u>	TO <u>July 147</u>	<u>Mexico</u>	<u>Guatemala</u>	<u>Fellowship</u>
FROM <u>June 148</u>	TO <u>Feb. 149</u>	<u>Europe</u>	<u>Europe</u>	<u>Business</u>

FROM	TO	City or Section	Country	Purpose
FROM	TO	City or Section	Country	Purpose
FROM	TO	City or Section	Country	Purpose

B. LAST U.S. PASSPORT - NUMBER, DATE, AND PLACE OF ISSUE:

Diplomatic 4267, 10 June, 1943, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? TWO GIVE APPROXIMATE

DATES: May, 1939 January, 1943

PASSPORTS OF OTHER NATIONS:

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Zeta Psi Fraternity, Epsilon: Providence, R.I., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: February 1937 to present

2. Brown University Club: 86 Park Ave., New York, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1942 to present

3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: June, 1943 to present

4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: February, 1946 to present

5. Albany Country Club, Albany 3, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: May, 1947 to November, 1948

6. Authors League of America, 6 E. 39th St., New York, N.Y., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1942 to present

7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: 1947 to present

8. American Legion, Fort Orange Post, Albany, N.Y., USA

1942 to present

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming - excellent Music(piano) - fair

Tennis - fair

Trap shooting - good

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Office of Strategic Services - December, 1944

ECA - June, 1943

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother

ADDRESS 30 Willott Street, Albany 6, New York, USA
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York

City and State

DATE

May 11, 1949

John F. Diefendorf

Witness

67-1111-17 Albany, NY

Ernesto Howard Hunt

Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VERBINTEN ISRAELEN.

SECURITY APPROVAL

CONFIDENTIAL

To : ~~XXXXXXXXXXXX~~ Deputy Personnel Officer Date: 30 September 1949
 From : Chief of Inspection and Security Number: 23500
 Subject: HUNT, Everette Howard, Jr.

1. Note "X" below:

☒ Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

☐ Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

☒ Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

[Signature]
 ERNAL P. GEISS
 Chief, Personnel Security Division

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

- Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____
 Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
 Office: _____
 Home: _____

A. FULL NAME MR. EVERETTE HOWARD HUNTER JR. Ext. _____
 (Use No Initials) First Middle Last

PRESENT ADDRESS _____
 St. & No. City State Country

PERMANENT ADDRESS _____
 St. & No. City State Country

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____
 _____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
 NAMES? _____
 HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____

 Where? By What Authority

C. DATE OF BIRTH _____ PLACE OF BIRTH _____
 City State Country

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____
 Country

BY NATURALIZATION CERTIFICATE # _____ ISSUED _____ BY _____
 Date Court

AT _____
 City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? _____
 Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
 Country

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED ☒ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

NOT APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY LOUISE WETZEL HUNT
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MILWAUKEE NEW YORK SEPT 7-1944

HIS (OR HER) ADDRESS BEFORE MARRIAGE 96 ECA PARIS FRANCE
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 WILLET ST ALBANY NY USA
St. & No. City State Country

DATE OF BIRTH April-1920 PLACE OF BIRTH DAYTON OHIO USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER EDP PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE
St. & No. City State Country

MILITARY SERVICE FROM NOT TO APPLICABLE BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U.S. OR FOREIGN

US DEPT OF STATE JUN 1944 - JAN 1945 - BERN 3/44
US TREASURY DEPT DEC 1946 - MAY 1947 - SHREVEPORT, LA
ECA APR 1948 - AUG 1949 - PARIS, FRANCE

NOTE WIFE'S FUR MARRIED NAME "GOUTIERE".

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN. _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last
LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country
DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country
OCCUPATION _____ LAST EMPLOYER _____
EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country
MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date
COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last
LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country
DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION _____ LAST EMPLOYER _____
EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country
MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. _____

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME _____ AOE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
2. FULL NAME _____ AOE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
3. FULL NAME _____ AOE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
4. FULL NAME _____ AOE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship
5. FULL NAME _____ AOE _____
First Middle Last
PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME ALBERT CHARLES WETZEL
First Middle Last
LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS 90 NCR DAYTON OHIO USA
St. & No. City State Country
DATE OF BIRTH JUNE 17 1891 PLACE OF BIRTH DAYTON OHIO USA
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
NOT APPLICABLE
CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
NATIONAL USA REGISTERED DAYTON OHIO
OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS
First Middle Last
 LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —
 PRESENT, OR LAST, ADDRESS 183 HAWTHORNE AVE SARASOTA
St. & No. City State Country FLA
 DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO USA
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE
 CITIZENSHIP USA WHEN ACQUIRED BIRTH WHERE? — City State Country
 OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country
 2. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country
 3. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —
 2. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —
 3. NAME — RELATIONSHIP — AGE —
 CITIZENSHIP — ADDRESS — St. & No. City State
 TYPE AND LOCATION OF SERVICE (IF KNOWN) —

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA, FLA.
City and State


DATE 11 Oct. 1949

Jeannette Davis
Witness

E. Howard Hunt
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME XXXXXXXXXXXXXXX E. Howard Hunt		DATE 22 August 1950
NATURE OF ACTION Appointment		EFFECTIVE DATE 10 December 1950 27 August 1950 10 Dec. 1950
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO
		Intelligence Officer II Chief of Station
		GS-13 \$7,600 p.a.
		OFC
		Latin America
		Operations
		Mexico, MEXICO CITY
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR 11 Sept 50	EXECUTIVE
CLASSIFICATION Joseph S. Ruff W 139	PERSONNEL OFFICER C. D. Hulick EAD/OFC 7/10/50 / by him	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 11 December 1950		
SECURITY CLEARED ON 7 December 1950 7 December 1950		
OVERSEAS AGREEMENT SIGNED 11 December 1950		
ENTERED ON DUTY 10 December 1950		
<div style="text-align: right;">  SIGNATURE OF AUTHENTICATING OFFICER </div>		
REMARKS:		
Charge to Mexico slot #1, JBEDICT Budgetary allotment IA #3 Transfer annual & sick leave from unencumbered funds End of report Transfer annual & sick leave from unencumbered funds. ✓ E.H. Fari		

SECRET

APPOINTMENT AFFIDAVITS

IMPORTANT.— Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

Central Intelligence Agency Washington, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, Howard Hunt, Jr., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 Dec 1950 Howard Hunt, Jr.
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950,

at Washington D. C.
(City) (State)

[SEAL]

William D. Anderson
(Signature of officer)
Chief
(Title)

NOTE.— If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

2. (A) DATE OF BIRTH

(B) PLACE OF BIRTH (city or town and State or country)

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

(D) TELEPHONE NO.

E. H. HUNT

Father

*30 Willett St.
Albany, N.Y.*

3-6218

4. DO I AS THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☐ NO

If no, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	(3) TEMPORARY OR NOT (4) RELATIONSHIP	MARRIED (Check one)	SINGLE
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

If your answer is "Yes", give details in Item 10.

7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.

8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.

9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?

If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and rules of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee is guided in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

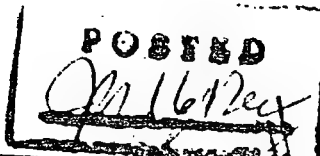
(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) the appointment acts. Form 61 constitutes an affidavit for both purposes and is a verifiable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family may be given probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family preference do not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

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MR *file*
OK

CONFIDENTIAL FUNDS PERSONNEL ACTION			
NAME R. Howard Hunt, Jr.		DATE 13 December 1950	
NATURE OF ACTION Integration		EFFECTIVE DATE 13 December 1950	
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO	
	Intelligence Officer GS-13		Attache FSR-4
	GS-13 \$7,600.00	FSR-4 \$7,830.00	
	OPC	OPC	
	IA	IA	
	Mexico City, Mexico		Mexico City, Mexico
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR		
CLASSIFICATION	PERSONNEL OFFICER <i>See 13 Dec 50</i>		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER	
<p>Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.</p> <div style="text-align: right;">  </div>			

SECRET

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Agreement

AGREEMENT made this 17th day of December, 1950, effective the 17th day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

RECITALS

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive a Foreign Service Staff Corps designation from the Department of State and proposes to send the Employee overseas to Mexico for operations in the general area of _____.

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA, (ADSO) and is willing to accept a designation in the Foreign Service Staff Corps with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

ARTICLE I. Relationship of Employee to the Department of State. The Employee, in so far as possible, shall abide by all the rules, regulations, and customs of the Foreign Service of the United States which affect personnel of the Foreign Service Staff Corps in order to appear as a normal member of the Foreign Service establishment.

1. The Employee shall rigidly comply with the provisions of Title X, Part A of the Foreign Service Act of 1946, prohibiting officers and employees of the Foreign Service from:

- (a) Wearing uniforms;
- (b) Accepting presents from foreign governments;
- (c) Engaging in business abroad;
- (d) Correspondence on affairs of foreign governments;
- (e) Political, racial, religious, or color discrimination.

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2. The Chief of the Foreign Service establishment and certain other key members of his staff will know about the Employee's status and relationship under the terms of the TOP SECRET agreement between the Department of State and CIA. Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures of the Foreign Service. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of the Chief of the Foreign Service establishment to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of the Chiefs of the Foreign Service establishment involved. TD travel customary and necessary in the performance of routine Foreign Service Staff functions may be performed without clearance from the ADSO.

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through the State Department in Washington.

(c) All travel will be directed and performed in accordance with Foreign Service rules and regulations.

4. Although the Employee's Foreign Service Staff Corps title, location, appointment, Foreign Service class, and other pertinent information may be published in the Foreign Service list and other publications of the Department of State, such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by the Department of State except payments referred to in ARTICLE II, Section 4.

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ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by the Department of State as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of the Foreign Service, but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between the Department of State and CIA, the matter shall be referred to the AOSO for resolution.

1. The line of authority for the Employee shall be as follows:

- (a) Senior Representative of OSO at Foreign Service establishment. ^{CPC}
- (b) OSO Foreign Branch Chief in Washington. ^{CPC}
- (c) Chief of Operations, OSO ^{CPC}
- (d) AOSO ^{CPC}
- (e) Director of CIA.

2. All travel shall be directed by the AOSO in accordance with ARTICLE I, Section 3. The Employee shall request appropriate Foreign Service clearance for travel through the Senior OSO Representative at the Foreign Service establishment, who shall be responsible for arranging such clearance. ^{CPC}

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

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4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

ARTICLE III. Overseas Allowances and Transportation Expenses. When specifically authorized by the ADBO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the Foreign Service Act of 1946 and regulations issued thereunder by the Department of State. When authorized by the ADBO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with the Foreign Service Act of 1946 and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in Bureau of the Budget Circular A-8, which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to Budget Circular A-8.

ARTICLE IV. Annual and Sick Leave. The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with Title IX, Part D of the Foreign Service Act of 1946. Under such Act, the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to Section 935 of the Foreign Service Act of 1946.

ARTICLE V. Return to the United States. The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

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ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of the Foreign Service Retirement and Disability System, provided for in Title VIII of the Foreign Service Act of 1946.

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with Title IX, Part E of the Foreign Service Act of 1946. Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of \$~~2,800.00~~ per year in accordance with Section 415 of the Foreign Service Act of 1946. In-class promotions shall be granted to the Employee in accordance with regulations established in the Department of State pursuant to Title VI, Part E, Section 642 of the Foreign Service Act of 1946. Other changes in status will be made only as specifically authorized by the ADSC. ADSC

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ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Besieged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 March 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that the Department of State has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable Foreign Service Regulations.
 2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSD. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSD for review and approval prior to their submission to a publisher.
 3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in the Department of State, CIA, or other Governmental agencies.
 4. Members of the Employee's family shall not be employed in the same Foreign Service office except during grave emergencies or when special authorization has been obtained in advance of employment from both the Department of State and CIA.
 5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in both the Department of State and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.
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6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSO, who will take appropriate steps to clear the matter with the Department of State.

ARTICLE XII. Security. This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

ARTICLE XIII. Orders and Directives. Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

ARTICLE XIV. Amendments. The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSO, this contract will be deemed to have been amended to the extent of such change.

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ARTICLE XV. Special Provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

BY: J. P. Chibinski
 CHIEF, EMPLOYEES DIVISION
E. Howard Smith
 (Employee)

Joseph S. Relf
 (POPCO Branch Office)
 CHIEF, OVERSEAS BRANCH
 APPROVED:

Chief of Operations

Assistant Chief of
 Special Operations

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CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (lag)

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Edward Hunt		9 Oct. 1918	74057	30 Dec. 1950
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Resignation*		9 Dec. 1950		
FROM		TO		
Intelligence Officer GS-13 (Editor) GS-13-130-\$7600.00 per annum		8. POSITION TITLE		
OPC Program & Planning Staff Program Group II Editorial Prod. Division Washington, D. C.		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
12. FIELD OR DEPTL		12. FIELD OR DEPTL		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> Ba-72971 CSC/3112 6/2/49		
15. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	16. RACE M <input checked="" type="checkbox"/> W <input type="checkbox"/>	17. APPROPRIATION FROM: 2115900 TO: 801-101	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINT- MENT OF AFFIDAVITS (SUCCESSIONS ONLY) 6/2/49
		20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
* To accept other employment.				
LHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
ENTRANCE EFFICIENCY RATING:				
H. C. CLINKSCALE Employee Division 22. SIGNATURE OR OTHER AUTHENTICATION				

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CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard Hunt (Integree)		DATE 16 May 1951
NATURE OF ACTION Promotion		EFFECTIVE DATE 10 June 1951
TITLE	FROM Attache FSR-4 (I.O.) (GS-13)	TO Attache FSR-4 (I.O.) (GS-14)
	GRADE AND SALARY FSR-4 \$7830.00 (GS-13 \$7800 per annum)	FSR-4 \$7830.00 (GS-14 \$8800 per annum)
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION <i>Auth. 842</i> <i>Anthony Thomas</i>	PERSONNEL OFFICER <i>H. C. Garrison 5.6/51</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
PATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
REMARKS: Slot #1 - JBEDICT-Mexico Semi-covert Difference between \$8800 and \$7830 to be paid by CIA. In grade since EOD 10 December 1950		SIGNATURE OF AUTHENTICATING OFFICER <i>130</i> <i>[Signature]</i> <i>[Signature]</i>

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CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard HUNT		DATE 24 May 1961
NATURE OF ACTION Periodic Pay Increase		EFFECTIVE DATE 13 May 61
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO
	Attache Intelligence Officer	Attache Intelligence Officer
	PSR-4 \$7830.00	PSR-4 \$7830.00
	GS-13 \$7600.00	GS-13 \$7800.00
	OPC	OPC
	LA	LA
	Mexico City, Mexico	Mexico City, Mexico
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER <i>[Signature]</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
(SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS: <p>L.S.I. 8 Nov. 1949</p> <p>This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.</p> <p>Difference between Dept. of State salary and CIA salary to be paid by DIA.</p> <p><i>[Signature]</i> Division Chief</p>		

GOVERNMENT PRINTING OFFICE: 1962-088499

1. Agency and organizational designations				2. Pay period		3. Block No. UV		4. Slip No.	
5. Employee's name (and social security account number when appropriate) FUNT, S. HOWARD				6. Grade and salary GS - 14 \$9400					
PAY ROLL CHANGE DATA									
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F.I.C.A.	NET PAY
7. Previous period									
8. New period									
9. Pay this period									
10. Remarks <div style="text-align: center; font-size: 2em;">14</div>						11. Appropriation(s) OSO/VI		12. Prepared by	
								13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase									
14. Effective date Dec 52	15. Date last equivalent increase 10 Jan 51	16. Old salary rate \$9600	17. New salary rate \$9800	18. Performance rating is satisfactory or better. <div style="text-align: right;">(Signature or other authentication)</div>					
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <input type="checkbox"/> No excess LWOP Total excess LWOP				(Check applicable box in case of excess LWOP) <input type="checkbox"/> Leave without pay status <input type="checkbox"/> LWOP status <input type="checkbox"/> Other					
STANDARD FORM NO. 1126 - Revised Form prescribed by Comp. Gen., U.S. Nov. 8, 1950, General Regulations No. 102				PAY ROLL CHANGE SLIP - PERSONNEL COPY <div style="text-align: right;">De</div>					

STANDARD FORM 52
PERSONNEL ACTION
U. S. CIVIL SERVICE COMMISSION
GENERAL REG. NO. 5010-106, PERSONNEL
SERIAL CHAPTER 17

REQUEST FOR PERSONNEL ACTION

SECRET
SECURITY INFORMATION UNCLASSIFIED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.-Miss-Mrs.- One given name, initial(s), and surname) Mr. Howard G. HUNT	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO. -	4. DATE OF REQUEST 30 Apr. 53
5. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Conversion from FSR Status		6. EFFECTIVE DATE A. PROPOSED: 7 Mar. 53 *	7. C.S. OR OTHER LEGAL AUTHORITY ITV
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED 7 Mar 53	

FROM: ATTACHE, FSR-3 4 48763 FSR-1, 98300.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER 11. SERVICE GRADE AND SALARY 12. ORGANIZATIONAL DESIGNATION 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	TO: INTEL OFF GS-132-14, \$9300.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
---	---	--

15. REMARKS (Use reverse if necessary)
S-1
*** Subject resigned from State in the field effective this date.**
CD57 PCPP

16. REQUESTED BY (Name and title) V. C. LYNCH, x-457	17. REQUEST APPROVED BY Signature: J. Keith Reid Title: D/P Admin.
--	--

18. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER 5-PT. <input checked="" type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>	19. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>
---	--

20. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	21. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O	22. APPROPRIATION FROM: 3522 TO: 3522	23. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <input type="checkbox"/>	24. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <input type="checkbox"/>	25. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Virginia
--	---	---	---	---	--

26. STANDARD FORM 50 REMARKS
FOSTERED
4m11/1953

27. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEN. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

28. APPROVED BY
2. 2. 1953

SECURITY INFORMATION

STANDARD FORM 52 1. NAME 2. DATE 3. POSITION 4. GRADE 5. PAY 6. EMPLOYER 7. ADDRESS 8. PHONE 9. MAILING ADDRESS 10. SOCIAL SECURITY NO.		SECRET		UNVOUCHERED		PP	
REQUEST FOR PERSONNEL ACTION							
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.							
1. NAME (Mr., Mrs., Miss - One given name, initial(s), and surname) Mr. E. Howard HUNT				2. DATE OF BIRTH 9 OCT 1918		3. REQUEST NO. 174-53	
						4. DATE OF REQUEST 18 MAY 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <u>Resignation</u> <u>Reassignment</u>				6. EFFECTIVE DATE A. PROPOSED:		7. C.S. OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED:			
FROM: Intelligence Officer 5-1 GS-132-14 \$9800 DDP/WH III Mexico City, Mexico				A. POSITION TITLE AND NUMBER		TO:	
				B. SERVICE, GRADE, AND SALARY			
				C. ORGANIZATIONAL DESIGNATIONS			
				D. HEADQUARTERS			
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL				<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL			
9. REMARKS (Use reverse if necessary) Slot #1 Transfer leave to Vouchered Funds.							
10. REQUESTED BY (Name and title) C. R. LYNCH				11. REQUEST APPROVED BY Signature: J. Keith Reed			
12. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) T. C. LYNCH X-457				Title:			
13. VETERAN PREFERENCE NONE / WWI OTHER 5-PT / 10 POINT USAR OTHER				14. POSITION CLASSIFICATION ACTION NEW / VAC / I.A. / REL.			
15. SEX / RACE / FROM: 9522 TO:				16. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		17. DATE OF APPOINTMENT AFFIDAVIT (SUSPENDING ONLY)	
						18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED. STATE:	
19. STANDARD FORM 50 REMARKS							
20. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS	
A.							
B. CER. OR ACS CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR EMP.							
E.							
F. APPROVED BY M. L. Stone 6/10/53							

SECRET

SECRET

STANDARD FORM 52 PROCESSED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1953 EDITION, PERSONNEL BRANCH, CHAPTER II		SECRET		VOUCHERED		PP	
REQUEST FOR PERSONNEL ACTION							
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse:							
1. NAME (Mr.-Mrs.-Mss.-One given name, initials, and surname)		2. DATE OF BIRTH		3. REQUEST NO.		4. DATE OF REQUEST	
Mr. E. Howard HUNT		9 OCT 1918		174A-53		18 May 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Appointment Reassignment</i>				6. EFFECTIVE DATE A. PROPOSED:		7. C.S. OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED:			
FROM—		9. POSITION TITLE AND NUMBER		10. Operations Officer BD-22-14			
		11. SERVICE, GRADE, AND SALARY		GS-132-14 \$9800			
		12. ORGANIZATIONAL DESIGNATIONS		DDP/SE			
		13. HEADQUARTERS		SE Political & PW Staff			
				Office of the Chief			
				Washington, D. C.			
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
A. REMARKS (Use reverse if necessary)							
Transfer leave from Unvouchered Funds.							
B. REQUESTED BY (Name and title)				C. REQUEST APPROVED BY			
JOSEPH LUKK SE/ADMIN <i>Joseph M. Lukk</i>				Signature: <i>J. Keith Reid</i>			
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)				Title:			
ROBERT DURNS X-3965							
13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 15 POINT <input type="checkbox"/> 10 POINT <input type="checkbox"/> 5 POINT <input type="checkbox"/> 0 POINT <input type="checkbox"/> OTHER <input type="checkbox"/>				NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/>			
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W		16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O		17. APPROPRIATION <i>4-3200-20</i>		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	
				19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE	
						<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED	
						STATE:	
21. STANDARD FORM 50 REMARKS							
<i>Approved 4/23/53</i> <i>W. A. Babone</i>							
22. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS:	
A.							
B. CEIL. OR POS. CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR ENPL.							
E.							
F. APPROVED BY <i>M. L. Lukk</i> <i>6/18/53</i>							

CENTRAL INTELLIGENCE AGENCY

~~SECRET~~
~~SECRET~~

NOTIFICATION OF PERSONNEL ACTION conc. 23 Jul 53 tm

1. NAME (MR., MRS., MISS, OR MS.; GIVE NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
R. E. Howard Hunt		9 Oct 1918		30 July 1953
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		2 Aug. 1953	Schedule A-6.116 (b)	
FROM		TO		
Intelligence Officer S-1		Operations Officer AD-27-14		
GS-137-14 \$9800.00 per annum		GS-132-14 \$9800.00 per annum		
DDP/WH III		DDP/GE SE Political & PW Staff Office of the Chief		
Mexico City, Mexico		Washington, D.C.		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> D-PT. <input type="checkbox"/> 15-POINT <input type="checkbox"/> DISAB. NOTED <input type="checkbox"/>		NEW <input type="checkbox"/> VCS <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		CD-PP		
16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N		18. SUBJECT TO C. S. RETIREMENT ACT (YES NO) <input checked="" type="checkbox"/> YES		
17. APPROPRIATION FROM 4-3570-55-060 TO 4-3200-20		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
		20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
Transfer TO vouchered funds FROM unvouchered funds				

Chief, Personnel Division
ENTRANCE PERFORMANCE RATING

~~SECRET~~

STANDARD FORM 52
PREPARED BY THE
U. S. CIVIL SERVICE COMMISSION
GENERAL PERSONNEL
MANUAL, CHAPTER II

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) Mr. E. Howard Hunt	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO.	4. DATE OF REQUEST 4 Aug. 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 16 Aug 53	

FROM— Operations Officer BD-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL	TO— Operations Officer BD-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB

CONCURRED

Chairman
REQUESTED BY (Name and telephone extension)
PP CAREER SERVICE BOARD
Edwin A. Willard, PP/CSO
Signature: J. Keith Reid
Title: DD/P CAREER SERVICE BOARD

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION					
NONE	WWII	OWEN	S.P.T.	10 POINT	NEW	VICE	L.A.	REALS	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	DISAB OTHER					
15. SEX	16. RACE	17. APPROPRIATION			18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		20. LEGAL RESIDENCE
		FROM:							<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
			TO:					STATE:	

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CITIL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E.			

F. APPROVED BY

J. C. Hunt, 14 Aug 53

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO.	4. DATE 14 Aug. 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 16 Aug. 53	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sch. A-6.116(b)	
FROM Operations Officer EO-22-14 GS-132-14 \$9800.00 per annum DDP/SE EE Political & FW Staff Office of the Chief Washington, D. C.		8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	TO Operations Officer EO-22 GS-132-15 \$10,800.00 per annum Same Same Same	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT.	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> CO-PP GS-22		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 4-3200-20 TO: Same		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes
		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING Acting Chief, Personnel Division				

STANDARD FORM 52
PREPARED BY THE
U. S. CIV. SERVICE COMMISSION
SUBJECT: PERSONNEL ACTION
REASON: CHAPTER 5

REQUEST FOR PERSONNEL ACTION

RECEIVED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) Mr. D. Howard HUNT	2. DATE OF BIRTH 9 Oct 1918	3. REQUEST NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 28 Feb 1954	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM— Operations Officer . PD-22 GS-132-15 \$10,800 Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— Ops Off. (PP Staff CH) PD-18 GS-0136.01-15 \$10,800 DDF/38 Political & Psychological Warfare Staff Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	13. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title) John W. Chapin Sr./ADMIN		D. REQUEST APPROVED BY Signature: <i>Thomas M. Fisher</i> Title: <i>Personnel Officer</i>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Thomas W. Fisher 33965			
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> E. A. <input type="checkbox"/> REAL <input type="checkbox"/> CD - PP	
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N	17. APPROPRIATION FROM: 3200 - 20 TO: 4 - 3200 - 20	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<i>JW</i>	<i>1/22</i>	
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			
F. APPROVED BY 2-16-54 <i>AM</i> <i>Fisher</i>			

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 21 May 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 23 May 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Ops Officer (PP Staff Ch) BD-18 GS-0136.31-15 \$10,800.00 per annum BDP/EE Political & Psych Warfare Staff Washington, D. C.		Ops Officer (PP) BPF 1455 GS-0136.31-15 \$10,800.00 per annum BDP/FE ER/EA Political & Psych Warfare Staff Tokyo, Japan		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		12. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WITH <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 13-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> CD-PP		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O		17. APPROPRIATION
				FROM: 4-3200-20 TO: 4-3700-55-121
		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.
21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<p>Subject to approved medical clearance prior to being sent overseas.</p> <p>"Transfer TO Unvouchered funds FROM Vouchered funds."</p>				
ENTRANCE PERFORMANCE RATING Deputy Assistant Director for Personnel				

4-15-54
PERSONNEL FOLDER COPY

STANDARD FORM 52
FORM 52-1
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540
MAY 1954 EDITION
GSA GEN. REG. NO. 27
NATIONAL ARCHIVES

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) Mr. E. Howard Hunt	2. DATE OF BIRTH 9 Oct 18	3. REQUEST NO.	4. DATE OF REQUEST 7 April 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, resignation, etc.) REASSIGNMENT		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>66:23 May 54</i>	

FROM: Ops Officer (PP Staff Ch) ED-1S GS-0136.31-15 \$10,800.00 p/a DDP/FE Political & Psych Warfare Staff Washington, D.C.	8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	TO: Ops Officer (PP) EFF #1455 GS-0136.31-15 \$10,800 p/a DDP/FE SR/NA Political & Psych Warfare Staff Tokyo, Japan
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

Subject to be temporarily slotted with incumbent now occupying slot #1455 until the later transfers.

13. VETERAN PREFERENCE NONE WWI OTHER S-PT. 10-POINT DISAB. OTHER X	14. POSITION CLASSIFICATION ACTION NEW VICE L.A. REAL CD:PP				
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 43200-20 TO: 43700-54-121	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

21. STANDARD FORM 50 REMARKS

*Eff. date 21 May 54
H.C. Clinkscales
24 May*

*Conc. (Osborne)
21 May 54
24 May*

Approved APR 20 1954
Am Collins
PP/ Career Service

*CPB notified
24 May*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR CONTROL			
E.			

F. APPROVED BY

Robert V. ... SECRET

U. S. GOVERNMENT PRINTING OFFICE: 1952 - 507576

1. Pay roll no. **07** 2. Slip No. **07** 3. Slip No.

4. Employee's name (and social security account number when appropriate)
WILLIAM E. HAWARD

5. Grade and salary
GS-15 \$10,500

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal								
8. New normal								
9. Pay this period								

10. Remarks
PROMOTION TO DOL DIRECTIVE
10/1/55

11. Appropriation(s)
FE-14

12. Prepared by
10/1/55

13. Audited by

11-880

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step increase

14. Effective date
2/13/55

15. Date last equivalent increase
2/1/55

16. Old salary rate
\$10,800

17. New salary rate
\$11,050

18. Performance rating is satisfactory or better.

19. LWOP data (fill in appropriate space covering LWOP period(s))
☐ No excess LWOP. Total excess LWOP

(Check applicable box in case of excess LWOP)
☐ Excess LWOP stated at end of reporting period.
☐ Excess LWOP stated at end of reporting period.

20. Signature of Clerk

STANDARD FORM NO. 112a-9-54
Form prescribed by Comp. Gen., U. S.
Nov. 9, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SECRET

REQUEST FOR PERSONNEL ACTION		UNCLASSIFIED	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One given name, initials, and surname)		2. DATE OF BIRTH	
Mr. E. Howard Hunt			
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		4. DATE OF REQUEST	
Reassignment		3 May 1956	
5. POSITION (Specify whether establishment, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED:	
		B. APPROVED: MAY 10 1956	
7. C. S. OR OTHER LEGAL AUTHORITY			
8. FROM—		9. TO—	
DDP/FE SR/NA Political & Psychological Warfare Staff		Ops Officer - PP BFF-1455	
10. SERVICE GRADE AND SALARY		11. ORGANIZATIONAL DESIGNATIONS	
OS-0136.31-15 \$11,860.00 p/a		DDP/FE North Asia Station PP Staff Tokyo, Japan	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
14. REMARKS (Use reverse if necessary)			
T/O Change			
15. REQUESTED BY (Name and title)		16. REQUEST APPROVED BY	
H. P. GILBERT, CEE/PT		Signature: _____	
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		18. TITLE	
HAZEL H. ADAMS, 22205			
19. VETERAN PREFERENCE		20. POSITION CLASSIFICATION ACTION	
NONE WWII OTHER 3 PT 16 ANNY DEAS OTHER		NEW VICE 1 & REAL	
21. SEX		22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
15 APPROPRIATION FROM TO		23. DATE OF APPOINT- MENT AFFIDAVIT (NATIONS ONLY)	
		24. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>	
25. STANDARD FORM 50 REMARKS			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOSTERED 23 MAY 1956 W-2 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> CONCUR MAY 15 1956 PP Career Service </div>			
26. CLEARANCES		27. INITIAL OR SIGNATURE	
A.		WHA	
B. CEIL OR POS. CONTROL		DATE	
C. CLASSIFICATION		REMARKS	
D. PLACEMENT OR ENPL.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> USED IN LCU OF 1950 NOTED PERSONNEL </div>	
E.			
28. APPROVED BY			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SECRET </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> per J. B. ... 16 May '56 for ... </div>			

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JBA

Name:	Last,	First	Middle

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

CODED
FOR
QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

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PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) <u>512242</u>	2. NAME: (last) (first) (middle) <u>Smith, Jr.</u> <u>E.</u> <u>Richard</u>		3. Office <u>7/1</u>
4. Date of Birth <u>Oct. 7, 1916</u>	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	Martial Status <u>2</u> Nr. Dependents <u>2</u>	6. CIA Entry Date: <u>Oct. 1, 1941</u>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth _____		

SEC. I. EDUCATION

1. Extent: (circle one)

1. Less than high school	4. Two years college, or less	8. Masters degree
2. High school graduate	5. Over two years, no degree	9. Doctors degree
3. Trade, Business or Commercial school graduate	(6) Bachelor degree	
	7. Post-graduate study (minimum 8 sem. hrs.)	

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl	Degree Recd		Sem Hrs
			From	To		Day Night	Title Date	
Brown University	Lib.		1935	1940		AB	1940	

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
US Naval Academy	1941	1941	4	V-7 USNA Leadership Course leading to Commission as LTJG

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Naval Air Station School	1941	1941	4	Air Combat Intelligence Course, lecturer prior to completion of course, but received diploma with credit class.

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SEC. II. WORK EXPERIENCE

1. **CIA Experience:** State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>1951</u> To <u>1953</u> Tot. mos. <u>24</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision and direction of all CIA or CIG activities in Mexico; established and maintained continuing relations with Mexican intelligence community.</u>
Grade <u>GS 12</u> Salary <u>9,000</u>	
Office <u>Station, Mexico</u>	
Position	
Title: <u>Deputy Chief of Mission</u>	
Duty	
Title: <u>Deputy Chief of Mission</u>	
	Duty Station, if overseas: <u>Mexico</u>
From <u>1950</u> To <u>1951</u> Tot. mos. <u>3</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision and direction of all CIA or CIG activities in Mexico; established and maintained continuing relations with Mexican intelligence community.</u>
Grade <u>GS 12</u> Salary <u>9,400</u>	
Office <u>Station, Mexico</u>	
Position	
Title: <u>Chief of Station</u>	
Duty	
Title: <u>Chief of Station</u>	
	Duty Station, if overseas: <u>Mexico</u>
From <u>1949</u> To <u>1950</u> Tot. mos. <u>12</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision and direction of all CIA or CIG activities in Mexico; established and maintained continuing relations with Mexican intelligence community.</u>
Grade <u>GS 13</u> Salary <u>17,400</u>	
Office <u>FI Division</u>	
Position	
Title: <u>Plans Officer</u>	
Duty	
Title:	
	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position	
Title: <u> </u>	
Duty	
Title: <u> </u>	
	Duty Station, if overseas:

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SEC. II. WORK EXPERIENCE (CONT'D.)

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1948</u> To <u>1949</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) <u>FSS 5</u> Salary <u>6,900</u> Number and Class of Employees Supervised: <u>3 Prof. 6 Steno.</u> Employer <u>ECA</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position <u>Information Officer, ECA</u> Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u> Duty Station if overseas: Exact Title of your position <u>Professional</u> Description of Duties:
From <u>1946</u> To <u>1949</u> Tot. mo's <u>27</u> Classification Grade (if in Federal Service) <u>Salary \$28,000 (av.)</u> Number and Class of Employees Supervised: Employer Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: <u>Paris, France</u> Exact Title of your position <u>Writer, self-employed</u> Description of Duties:
From <u>1943</u> To <u>1943</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) <u>Salary \$7,800</u> Number and Class of Employees Supervised: Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: Exact Title of your position <u>War Correspondent</u> Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing action</u> Duty Station if overseas: <u>South Pacific Area</u> Exact Title of your position <u>Screen writer</u> Description of Duties: <u>Prepare and write commentary for monthly newsletter THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u>
From <u>1942</u> To <u>1942</u> Tot. mo's <u>5</u> Classification Grade (if in Federal Service) <u>Salary \$7,800</u> Number and Class of Employees Supervised: <u>2 Prof.; 3 Steno.</u> Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: Exact Title of your position <u>Anti-Aircraft Gunnery Officer (destroyers)</u> Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u> Duty Station if overseas: <u>North Atlantic</u>
From <u>1941</u> To <u>1942</u> Tot. mo's <u>16</u> Classification Grade (if in Federal Service) <u>Eng. Salary</u> Number and Class of Employees Supervised: <u>168 seamen</u> Employer <u>USN</u> Kind of Business or organization (i.e., paper products mfr, public utility)	

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SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | |
|---|--|
| 01 <input type="checkbox"/> U.S. Secret Service | 24 <input type="checkbox"/> Air Force A-2 |
| 02 <input type="checkbox"/> Civil Police | 25 <input checked="" type="checkbox"/> Foreign Economic Admin. |
| 03 <input type="checkbox"/> Military Police | 26 <input type="checkbox"/> Counter Intelligence Corps |
| 04 <input type="checkbox"/> U.S. Border Patrol | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U.S. Narcotics Squad | 28 <input type="checkbox"/> Strategic Services Unit |
| 06 <input type="checkbox"/> FBI | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div. | 30 <input type="checkbox"/> Central Intelligence Group |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information | 32 <input type="checkbox"/> Coordinator of Information |
| 23 <input type="checkbox"/> Army G-2 | 33 <input type="checkbox"/> Office of Facts & Figures |
| 20 <input checked="" type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare |
| | 35 <input type="checkbox"/> Federal Communications Comm. |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic	Study (Inc. CIA training)
Spanish		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
French				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
German					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

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SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
Latin America	1946-7, 1950-53	X		X
France, Belgium	1946-47	X		X
UK and Scandinavia	1939		X	
China	1942	X		X

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained
France	Political	Study at Paris, 1940-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	Chief of Station, 1950-51

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. 100	2. 5	50	1. Yes 2. X No
Shorthand	1.	2.		1. Yes 2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. sailing, skiing, water polo, croquet, etc. <input checked="" type="checkbox"/> fishing
---	---

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

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SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

Under the name of the FBI Unit and Section which I am a professional writer of fiction. My last one of 1953 - will have a title of 13 words. Short stories have a title in our condition and no number. At one time I was a professional writer, and my contributions appeared anonymously in LIT and N.Y.

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ____ (2) 4 year Tour X (3) Not interested ____

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

Assignment - Chief of Section or Chief of Staff of Section
Assignment - Chief of Section or Chief of Staff of Section
Assignment - Chief of Section or Chief of Staff of Section
Assignment - Chief of Section or Chief of Staff of Section
Assignment - Chief of Section or Chief of Staff of Section
Assignment - Chief of Section or Chief of Staff of Section

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SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? ___ Yes x No.
If yes, indicate your present draft classification _____
2. Present Reserve or National Guard Status
Do you now have Reserve or National Guard Status ___ Yes x No.
If yes, complete the following.
1. ___ National Guard
 2. ___ Air National Guard
 3. ___ Active Reserve Status (member of organized unit)
 4. ___ Inactive Reserve Status

Service _____ Grade _____ Location _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

XV. CIA TRAINING
List the training courses or subjects you have taken while in the CIA.

List the training courses or subjects you have taken while in the Army		
Course or Subject	(from) Dates (to)	Hours
Infantry	1944.1.15	10
Artillery	1944.1.15	6
Machine Gun	1944.1.15	5
First Aid	1944.1.15	5

SEC. XVI. REMARKS

XVII. REMARKS
Use this space to indicate any other qualifications you may have which you do not describe above.

[illegible]

DATE 21 April, 1953

SIGNATURE

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1. Agency and organizational designations				2. Payroll period		3. Blank No. UV		4. Slip No.						
5. Employee's name (and social security account number when appropriate) HUNT, E. HOWARD				6. Grade and salary GS-15 \$11,880.										
PAYROLL CHANGE DATA														
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.				NET PAY
7. Previous normal														
8. New normal														
9. Pay this period														
10. Remarks								11. Appropriation(s) FD-2		12. Prepared by wlr 11Jun56		13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase														
14. Effective date 12Aug56	15. Date last equivalent increase 13Feb55	16. Old salary rate \$11,880.	17. New salary rate \$12,150.	OCCASIONAL TRAVEL ALLOWANCE SERVICE & CONDUCT ARE SATISFACTORY (Signature or other authentication)										
19. LWOP date (fill in appropriate spaces covering LWOP during following periods): Period(s)				(Check applicable box in case of excess LWOP) <input type="checkbox"/> No excess LWOP, Total excess LWOP										
STANDARD FORM NO. 1126-Rev'd Form prescribed by Comp. Gen. U. S. October 20, 1954, General Regulation No. 102				PAYROLL CHANGE SLIP — PERSONNEL COPY 142										

SECRET

STANDARD FORM 52 FORM DATED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1964 - FEDERAL PERSONNEL MANUAL, CHAPTER 27		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) E. HOWARD Mr. Howard B. HUNT		2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		5. EFFECTIVE DATE A. PROPOSED:	6. DATE OF REQUEST 16 Oct 56
B. POSITION (Specify whether establish, change grade or title, etc.)		7. C S OR OTHER LEGAL AUTHORITY	
FROM: Ops Officer (PP) BFF-1155 GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff Tokyo, Japan		TO: Area Ops Off (CCS) RAF-162 GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay	
8. SERVICE, GRADE, AND SALARY		9. HEADQUARTERS	
10. ORGANIZATIONAL DESIGNATION		11. FIELD OR DEPARTMENTAL	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)	
A. REMARKS (Use reverse if necessary) 2 copies to Security <i>DATE Assigned to Line Crew</i> <i>FEPT</i>			
B. REQUESTED BY (Name and title) <i>Harold J. Preston, CWR</i>		B. REQUEST APPROVED BY <i>AWH Day</i>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) J. KORLAOVICH X8212		Signature: <i>CS/CS</i>	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>	
15. SEX <input type="checkbox"/> M <input type="checkbox"/> W		16. RACE <input type="checkbox"/> W <input type="checkbox"/> N	
17. APPROPRIATION FROM: 7-3755-55-121 TO: 7-3587-55-065		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	
19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 50 REMARKS <i>Original with 1421 57 135 136</i> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Concurred in by: <i>2105</i> <i>A. M. Williams</i> PP Career Service</div>			
22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS CONTROL	<i>82</i>		
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>QCEP 11/2/56</i>		
E.			
F. APPROVED BY <i>J. C. Clemens 11/10/57</i>			

SECRET

11/5/49

SECRET
(When Filled In)

QCB WING 6-
Cassie Hall

513542

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE
January 6, 1957

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through III in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle)
HUNT, Jr. E. Howard

2. CURRENT ADDRESS (No., Street, City, Zone, State)
30 Willett Street, Albany 10, New York

3. PERMANENT ADDRESS (No., Street, City, Zone, State)
30 Willett Street, Albany 10, New York

4. HOME TELEPHONE NUMBER
3-6218

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE
New York

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.
Hunt, Mrs. Everett H.

2. RELATIONSHIP
Mother

3. HOME ADDRESS (No., Street, City, Zone, State, Country)
30 Willett Street Albany 10, New York

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

5. HOME TELEPHONE NUMBER
3-6218

6. BUSINESS TELEPHONE NUMBER

7. BUSINESS TELEPHONE EXTENSION

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.
Notification of Father not desired, due to cardiac condition.

SECTION III MARITAL STATUS

1. CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED ☐ ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME (First) (Middle) (N maiden) (Last)
Dorothy Louise Wetzel HUNT

4. DATE OF MARRIAGE
Sept 7, 1949

5. PLACE OF MARRIAGE (City, State, Country)
Millbrook, New York

6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)
American Embassy, Paris

7. LIVING ☒ YES ☐ NO

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)
30 Willett Street, Albany 10, New York

11. DATE OF BIRTH
1 April 1920

12. PLACE OF BIRTH (City, State, Country)
Dayton, Ohio

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)
USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION
housewife

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, list two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1		
21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR		
USNR July 1940- Oct. 1942		USAAF Nov 1943- Feb. 1946
22. BRANCH OF SERVICE		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
USNR USAF		USA
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN		
ECA, Paris April 1948 - Feb. 1949		
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
2	7. DATE OF LAST CONTACT	
	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
3	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP
	3. AGE	
4	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
	1. FULL NAME (Last-First-Middle)	
5	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT
	7. DATE OF LAST CONTACT	
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME		
Book royalties		
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS		
NAME OF INSTITUTION		ADDRESS (City, State, Country)
Riggs Nat'l Bank, F&M Branch		Washington 7, DC
SECTION V CONTINUED TO PAGE 3		

SECRET

SECRET
(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES																			
LANGUAGE	COMPETENCY - IN ORDER LISTED										HOW ACQUIRED								
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)										
										R - READ W - WRITE S - SPEAK									
										R	W	S	R	W	S	R	W	S	R
Spanish				X	X	X										X			
French				X					X							X			
German										X						X			
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY 3 years of College Spanish																			
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD 																			

SECTION IX GEOGRAPHIC AREA KNOWLEDGE							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY				
			RESI- DENCE	TRAVEL	STUDY	WORK ASSIGN- MENT	

SECTION X TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (P.M.)	2. SHORTHAND (P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):		
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)							

SECTION XI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

SECRET

(When filled in)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TOPIC OR SUBJECT MATTER. (Scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

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1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

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6. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-) 2. GRADE 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

(Use additional pages if required)

SECRET

SECRET

(When Filled In)

OFFICE OF PERSONNEL
444 ROOM
11/30 AM '57

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

3

2. NUMBER OF OTHER DEPENDENTS (including parents, stepparents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

1

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevan T. Hunt	"	1952		X	"	
Howard St. John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED
6 Jan. 1957

SIGNATURE OF EMPLOYEE

E. Howard Hunt

SECRET

SECRET

STANDARD FORM 52
FORM 52-1
U. S. CIVIL SERVICE COMMISSION
EMPLOYEES - PERSONNEL
BUREAU, WASHINGTON, D. C.

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs. One given name, initial(s), and surname) Mr. HUNT, E. Howard	2. DATE OF BIRTH 5/38/42 9 October 1918	3. REQUEST NO.	4. DATE OF REQUEST 24 Jan 1957
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) INTEGRATION - Department of State		6. EFFECTIVE DATE A. PROPOSED: B. APPROVED: 25 January 1957	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			

FROM - Area Ops. Officer (COS) BAF 162 OS-0136.01-15 \$12,150 DDP/WH Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL	TO - Attache, Pol. Off. 1st Sec. & Consul (When confirmed) FSR-3 \$12,100 DDP/WH Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

Subject is to be paid the difference between CIA salary of \$12,150 and FSR salary of \$12,100, to be paid by the Department of State and allowances in accordance therewith

Sick and annual leave are to be held in escrow until subject reverts to GS status

B. REQUESTED BY (Name and title)

FI/CPS/CCB/OCL

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

B. Eggleston x8101

D. REQUEST APPROVED BY

Signature: *B. Eggleston*Title: **Cover Officer**

13. VETERAN PREFERENCE

NO. 1	NO. 2	OTHER	5-PT.	10 POINT
				CASAB, OTHER

14. POSITION CLASSIFICATION ACTION

NEW	VICE	1. A.	REAL

SD-DI

15. SEX M	16. APPROPRIATION FROM: 7-3587-56-065 TO: <i>per branch</i>	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	--	--	--	---

20. STANDARD FORM 50 REMARKS

1/05 49

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<i>FE</i>		
B. CELL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			


F. APPROVED BY

SECRET

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

FD-50

1. NAME (Last - First - Middle - One Given Name - Initials - and - Surname)		2. DATE OF BIRTH	3. AGENCY OR ACTION NO.	4. DATE
MR. E. HOWARD HUNT 513842		9 Oct 1913		25 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use Standard Terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment 57		13 Jan 1957	50 USCA 4031	
FROM		TO		
Ops Officer (PP) BFF-1455 GS-0136.31-15 \$12,150.00 per annum		Area Ops Off (COS) BAF-162 GS-0136.01-15 \$12,150.00 per annum		
DDP/FE North Asia Station PP Staff Tokyo, Japan		DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay		
8. POSITION TITLE		9. SERVICE, SERIES, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT		13. VETERAN'S PREFERENCE		
X FIELD		NONE WWII OTHER S-PT. 10 POINT		
DEPARTMENTAL		NEW VICE I. A. REAL		
14. POSITION CLASSIFICATION ACTION		15. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
SD/DP		16. LEGAL RESIDENCE		
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		18. CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>		
Yes		STATE:		
20. REMARKS:				
3 ECD 11/03/49				
<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> POSTED 25 JAN 1957 </div>				
<div style="text-align: right;">  21. SIGNATURE OR OTHER AUTHENTICATION </div>				
ENTRANCE PERFORMANCE RATING:				
Director Of Personnel				

SECRET

1. EMPLOYEE COPY

9001/25/57

SECRET
(WHEN FILLED IN)

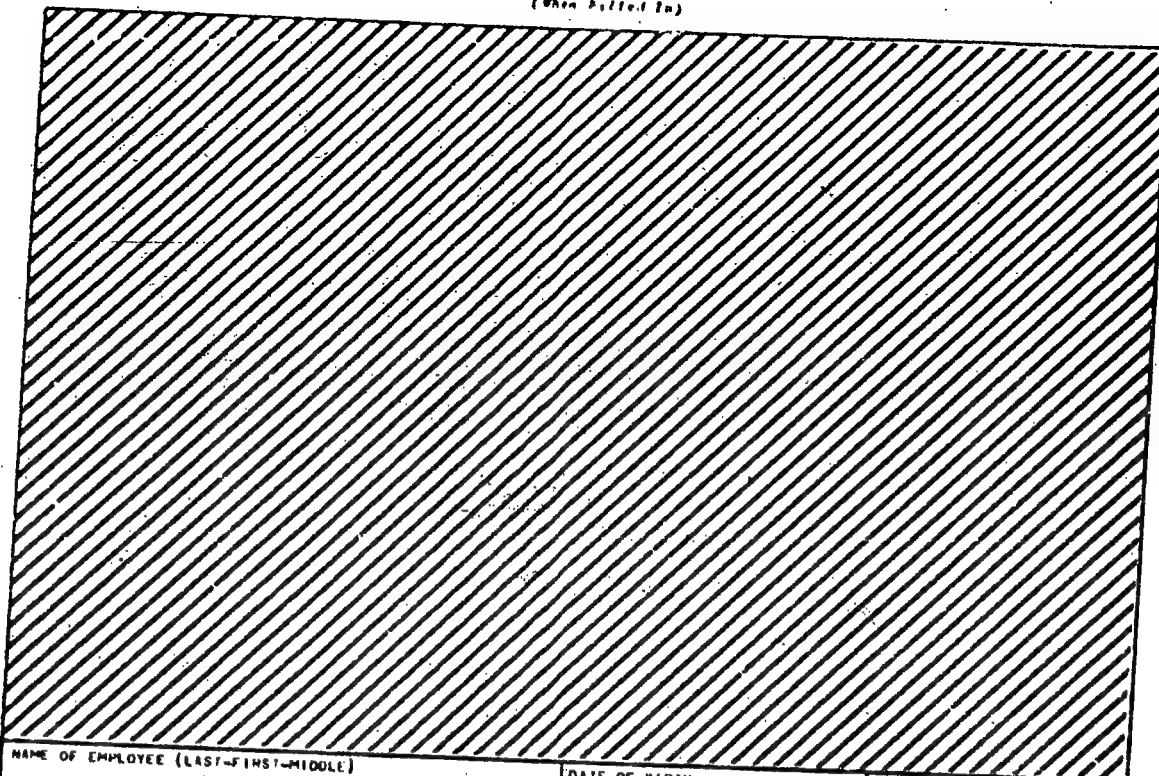
NOTIFICATION OF PERSONNEL ACTION

500

1. NAME (Last-First-Middle-ONE OTHER NAME, INITIALS AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. HOWARD E. HUNT 513842		9 Oct 1918		31 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Integration - Department of State* 58		25 Jan 1957	50 USCA 403 j	
FROM		TO		
Area Ops. Officer (COS) BAR-162 GS-0136,01-15 \$12,150.00 per annum		Area Ops. Officer (COS) BAR-162 (Attache, Pol. Off. 1st Sec. & Consul) (When Confirmed) GS-0136,01-15 \$12,150.00 per annum (FSR-3 \$12,100.00 per annum) DEF/MI Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay		
8. POSITION TITLE		9. SERVICE SERIES, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
466130		5		
12. FIELD OR DEPT'L		13. FIELD OR DEPT'L		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
14. VETERAN'S PREFERENCE		15. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER 3-PT. 10-POINT		NEW VICE I. & REAL SD/DI		
16. APPROPRIATION		17. SUBJECT TO C. & RETIREMENT ACT (YES-NO)		
FROM 7-3587-55-065 760-31		Yes		
18. DATE OF APPOINTMENT AFFIDAVIT (ACCOMPLISHED DATE)		19. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>		
1 M W TO: 8025		STATE:		
20. REMARKS				
*Subject is to be paid the difference between CIA salary of \$12,150 and FSR salary of \$12,100, to be paid by the Department of State and allowances in accordance therewith Sick and annual leave are to be held in escrow until subject reverts to GS status 3 MOD 11/08/49				
<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;"> POSTED 1957 <i>fr</i> </div> <div style="margin-top: 20px; text-align: right;"> <i>Gill Stewart</i> </div>				
ENTRANCE PERFORMANCE RATING:				
Director of Personnel				
21. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

1. EMPLOYEE COPY
2/1/31/57

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)

HUNT, Howard

DATE OF BIRTH

CASE OR CLAIM NUMBER

CMB 57-726-D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

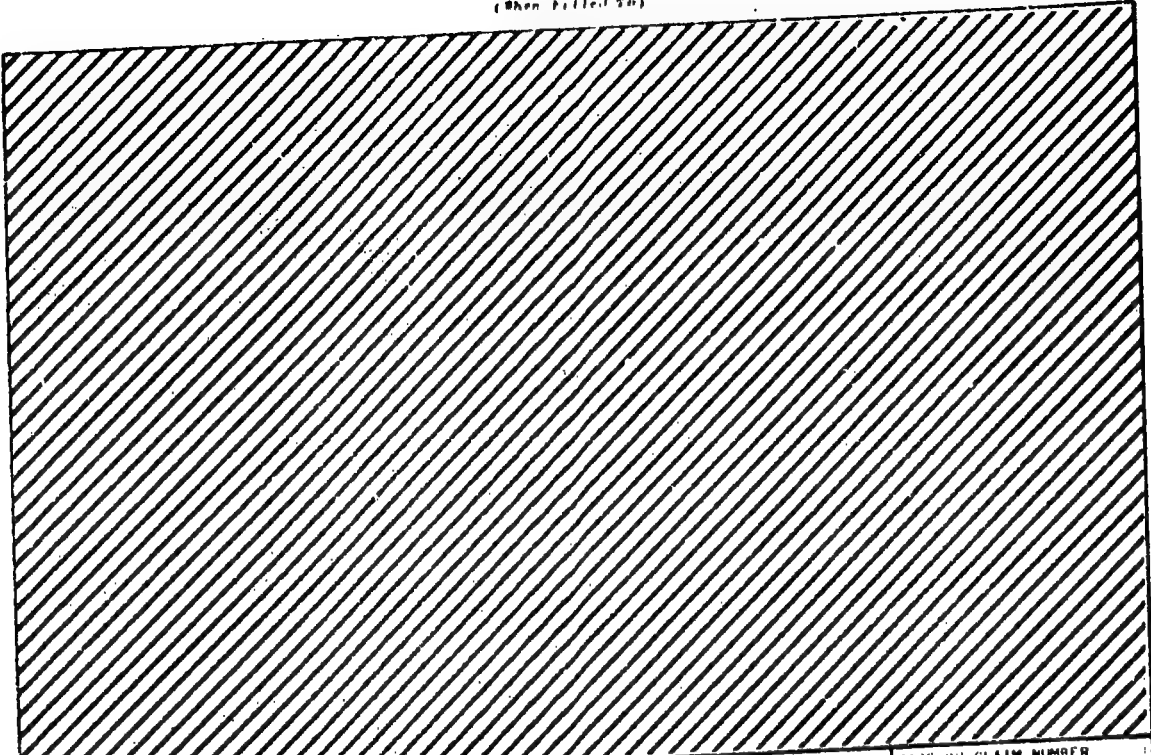
DATE OF NOTICE

4 Dec 57

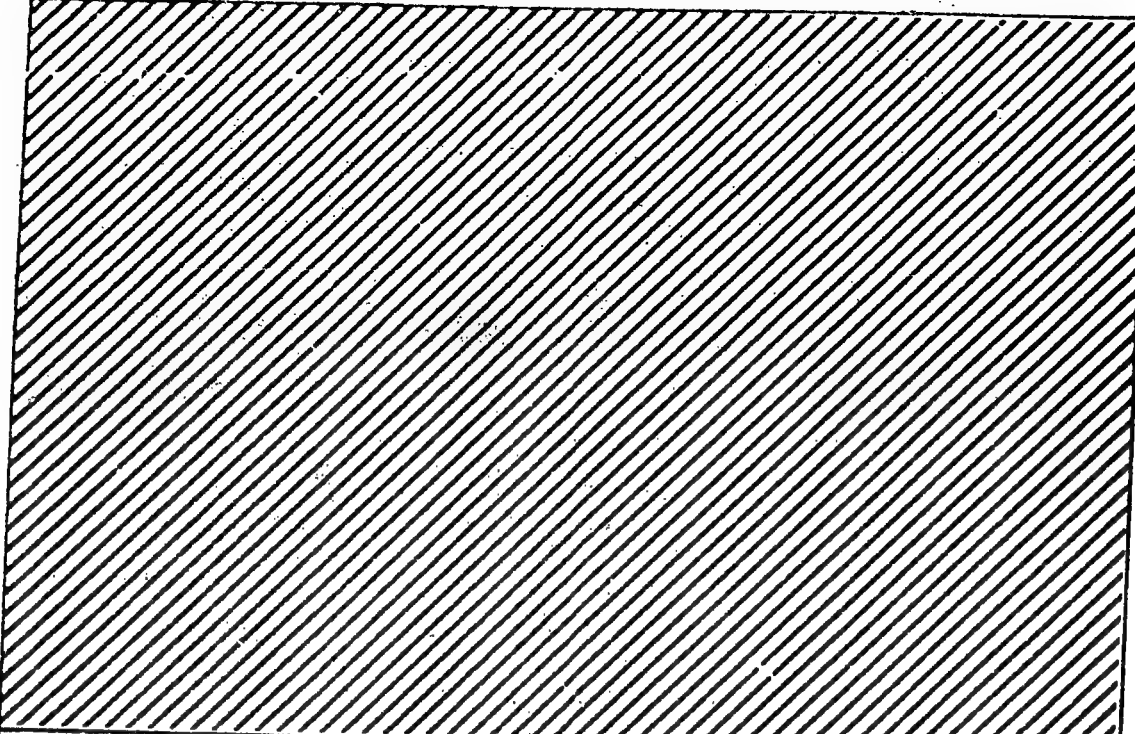
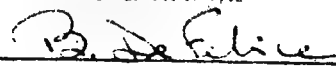
SIGNATURE OF BCD REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

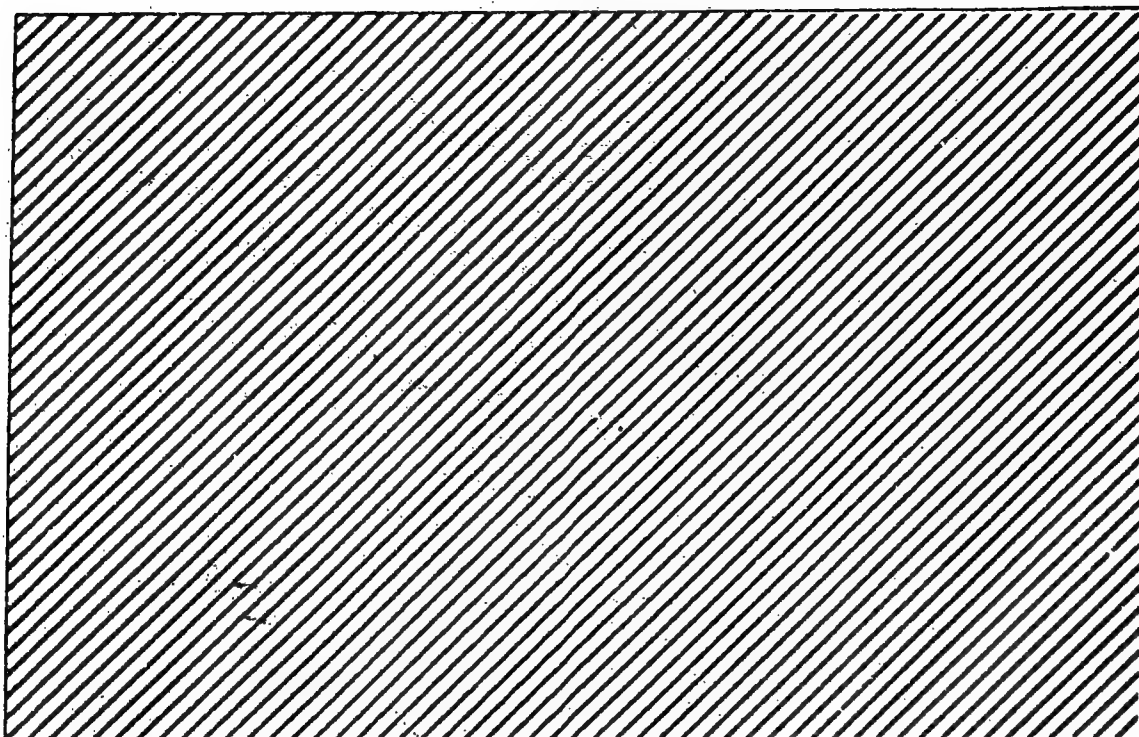
SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>0658-31D</i>
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>5-10</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>4 Feb 58</i>	SIGNATURE OF RED REPRESENTATIVE <i>[Signature]</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard E.		CAS 58-167D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>dependent wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE	
21 MAR 68		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 58-68 D</i>
---	---------------	--

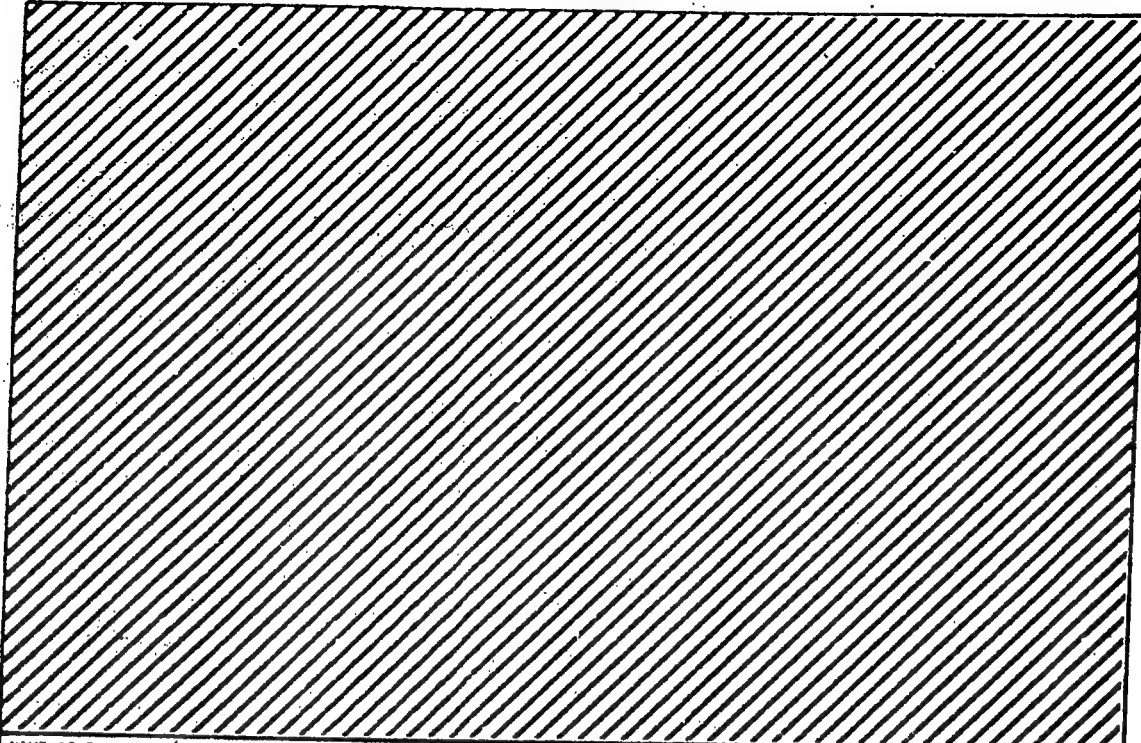
There is, on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *dependent daughter*.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

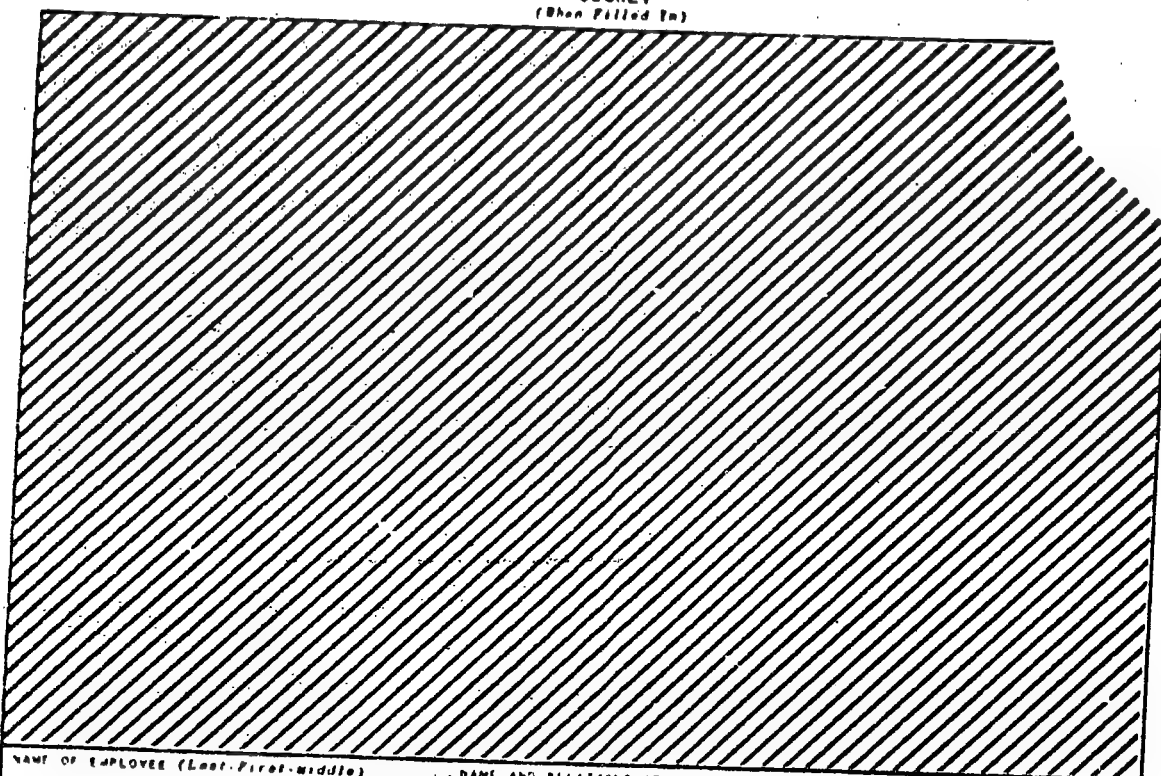
DATE OF NOTICE <i>14 May 58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE C. OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>58-135 D</i>
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>dependent daughter</u></p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>21 May 1958</i>	SIGNATURE OF BCD REPRESENTATIVE <i>D. DeFuria</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

NAME AND RELATIONSHIP OF DEPENDENT*

CLAIM NUMBER

Robert Edward ...

...

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 10 November 1958

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

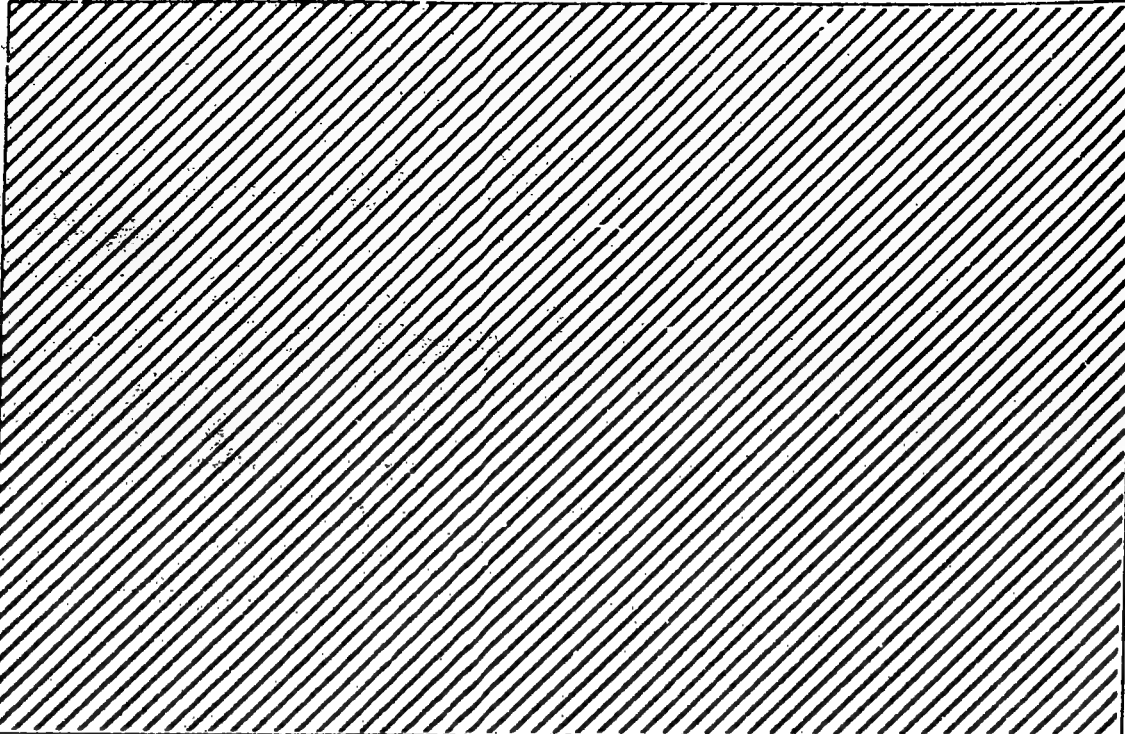

18 Nov 1958

SIGNATURE OF BCD REPRESENTATIVE

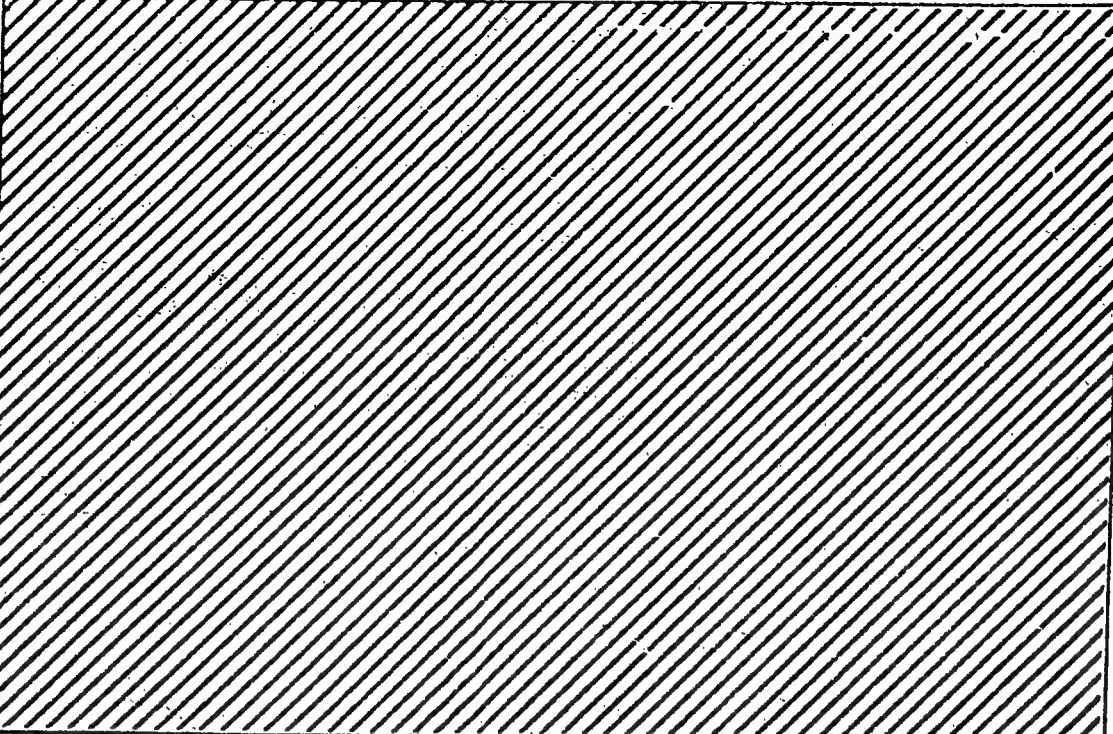
B. DeFolice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF RCD REPRESENTATIVE	
21 Aug 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on _____.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE	
8 Dec. 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p><small>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in <u>full</u> entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.</small></p>		
SECTION I		
GENERAL		
1. FULL NAME (Last-First-Middle)		
HUNT, E. Howard		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
SECTION II		
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.		2. RELATIONSHIP
Hunt, Ethel J.		Mother
3. HOME ADDRESS (No., Street, City, Zone, State, Country)		
75 Willett Street, Albany 10, NY		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		
5. HOME TELEPHONE NUMBER	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
Hobart 3-6218		
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
SECTION III		
MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p><small>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.</small></p>		
3. NAME (First) (Middle) (Maiden) (Last)		
Dorothy Louise Watson HUNT		
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)	
Sept. 7 1940	Millbrook, New York	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)		
Sarasota, Florida		
7. LIVING	8. DATE OF DEATH	9. CAUSE OF DEATH
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
10. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH	12. PLACE OF BIRTH (City, State, Country)	
April 1 1920	Dayton, Ohio	
13. IF BORN OUTSIDE U.S., DATE OF ENTRY	14. PLACE OF ENTRY	
15. CITIZENSHIP (Country)	16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
USA		
18. OCCUPATION	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
none		
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1		
21. DATES OF MILITARY SERVICE OF SPOUSE (Start and End) BY MONTH AND YEAR		
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN		
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)		
6. FREQUENCY OF CONTACT		
7. DATE OF LAST CONTACT		
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)		
6. FREQUENCY OF CONTACT		
7. DATE OF LAST CONTACT		
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)		
6. FREQUENCY OF CONTACT		
7. DATE OF LAST CONTACT		
8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR SPECIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		
publishing royalties		
SECTION V CONTINUE TO PAGE 3		

SECRET

SECTION V CONTINUED FROM PAGE 2

BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

~~SECRET~~

SECRET
(When Filled In)

SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
France	political	1939, 1948-49			X	X
Spain	political, coasts	May 1960		X		
Mexico	political, terrain	Dec-June 1946	X			

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne
 " 1948-49 - ari. asst to Amb. Harriman at ECA (speechwriter)
 Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.					
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
Mexico	Pol, terrain	1950-53		XX	
Japan	Political	1954-56		XX	
Uruguay	Political terrain	1957-60		XX	
Balkans	Political	1953-54	XX		
Greece	Political	1952-54	XX		

SECTION IX TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
40		GREGG	SPEEDWRITING	STENOTYPE
OTHER (Specify):				
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)				

SECTION X SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
squash - good	hunting, shooting - good
equestrian - good	tennis - v, good
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION 8, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 8.

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific, articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Oct 11/8 - Dec 30 65-13	65-13	OPC/PP/PP
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6	Operations Officer	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Feb 1957 - March 1960	15	WH-2
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
16	Chief of Station, Puerto Rico	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1960 -	15	WH-4
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Political Action Officer	
6. DESCRIPTION OF DUTIES		
Field Chief in Mexico City of JMWAVE		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

SECRET
(When Filled In)

SECTION XII							CHILDREN AND OTHER DEPENDENTS			
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">3</div>	2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.			<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div>		
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS										
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS				
			M	F						
Dorothy I.	wife	1920		x	USA					
Lisa Tiffany	daughter	1951		x	USA					
Kevan Tetterdale	"	1953		x	"					
Howard St. John	son	1954	x		"					

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED <i>16 June 1960</i>	SIGNATURE OF EMPLOYEE <i>Howard St. John</i>
---------------------------------------	---

SECRET

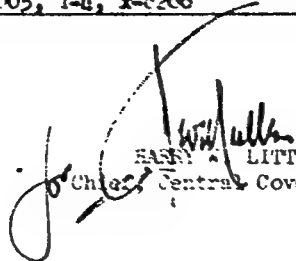
SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~reopened to deny acknowledge~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960
Richard J. Blaiseau, 2-1005, T-4, x-8266.


HARRY A. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

SECRET

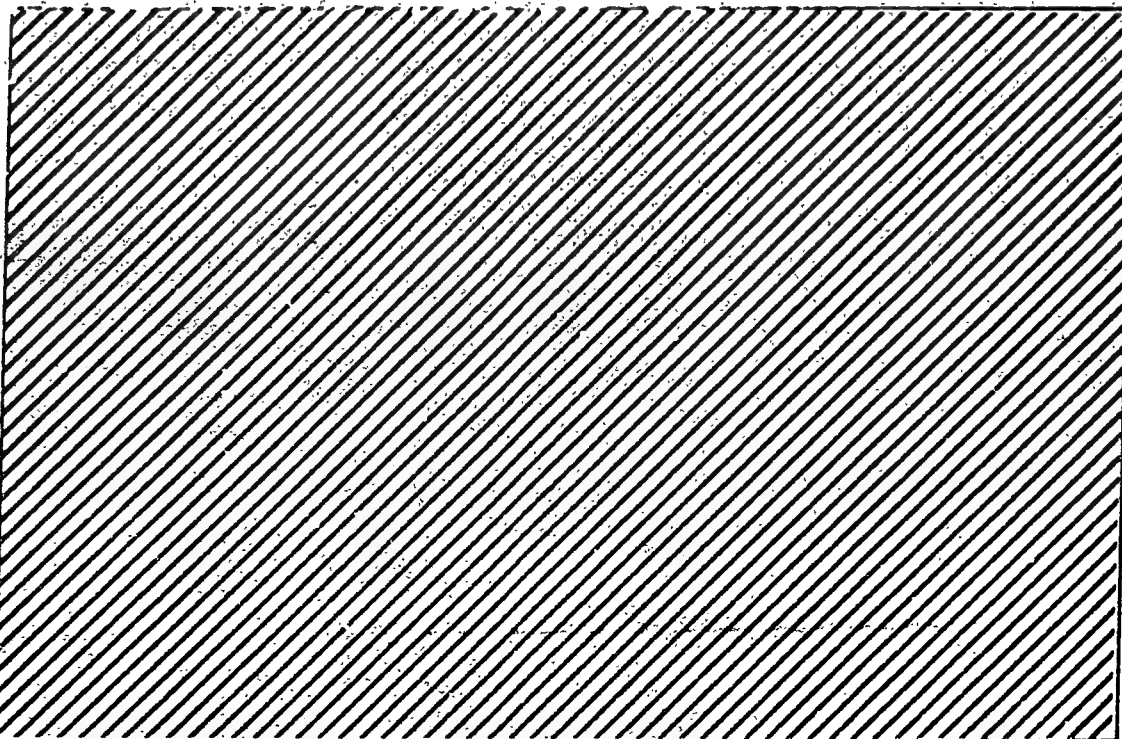
THIS MEMO MUST REMAIN
ON TOP OF FILE

(4-13-40)

ET

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

W. J. Howard, E.

NAME AND RELATIONSHIP OF DEPENDENT*

Daughter - Lisa

CLAIM NUMBER

60-1192

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on December 51.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

25 July 1960

SIGNATURE OF BSD REPRESENTATIVE

[Signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

When Filled In

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 013842				2. NAME (Last-First-Middle) HUNT, E. Howard	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT (TEMPORARY)*			4. EFFECTIVE DATE MONTH 08 DAY 16 YEAR 1963		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
	CF TO V	CF TO CF	1535-5000-0021		
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division Branch 4			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE ADMINISTRATIVE OPERATIONS OFFICER			12. POSITION NUMBER XXXXX	12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 (5)	17. SALARY OR RATE \$15,030	
18. REMARKS DDP/WH/2, Montevideo, BAF-162 <i>Tracy TA</i> *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS. <i>0051 08-16-53</i> <i>PSI; 02-05-61</i>					
19. SIGNATURE OF REQUESTING OFFICIAL <i>Herbert V. Juul</i> HERBERT V. JUUL, C/WH/2 Pers.			20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>M. Lipp</i>		
21. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. ACTION NO. (1-100)		23. OFFICE USE NO.	24. START DATE	25. END DATE	26. DATE OF ACTION
01		14467	25-13	1	10/09/18
27. DATE (SP. REL.)		28. SPEC. REL. REFERENCE	29. DATE OF ACTION	30. DATE OF ACTION	31. DATE OF ACTION
		1			
32. DATE OF ACTION		33. DATE OF ACTION	34. DATE OF ACTION	35. DATE OF ACTION	36. DATE OF ACTION
37. DATE OF ACTION		38. DATE OF ACTION	39. DATE OF ACTION	40. DATE OF ACTION	41. DATE OF ACTION
42. DATE OF ACTION		43. DATE OF ACTION	44. DATE OF ACTION	45. DATE OF ACTION	46. DATE OF ACTION
47. DATE OF ACTION		48. DATE OF ACTION	49. DATE OF ACTION	50. DATE OF ACTION	51. DATE OF ACTION
49. POSITION CONTROL CERTIFICATION		50. D.P. APPROVAL			
<i>W. Kearney</i> 11/2/60		<i>M. Lipp</i>			

ALS:25 NOV 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT (TEMPORARY)*						11 25 60		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		1535 5000 0021		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP WH DIVISION BRANCH 4						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0000		D			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01			15 5		15030			
18. REMARKS											
*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE -HEAD OF YOUR CAREER SERVICE DIRECTS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTHS	
37		10		64450 WH		75013				1 10 09 18	
25. NTE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CORRECTION CANCELLATION DATA		30. SECURITY REQ NO	
NO DA YR				1. CSC 2. FICA 3. NONE		CODE		TYPE NO DA YR		31. SEX	
								EOD DATA			
32. VET PREFERENCE		33. SERV COMP DATE		34. LONG COMP. DATE		35. MIL SERV. CREDIT LCO		36. FEGLI / HEALTH INSURANCE		37. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		1. YES 2. NO		CODE 0 WAIVER 1 YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPTIONS	
0. NO PREVIOUS SERVICE						1. YES				1. YES	
1. NO BREAK IN SERVICE						2. NO				2. NO	
2. BREAK IN SERVICE (LESS THAN 12 MOS)											
3. BREAK IN SERVICE (MORE THAN 12 MOS)											
SIGNATURE OR OTHER AUTHENTICATION											
12/01/60 WJS											

orm
60

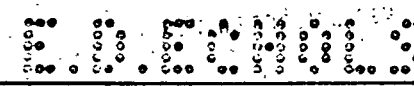
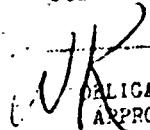
1150

25 NOV 1960

Obsolete Previous
Editions

SECRET

SECRET
(When Filled In)

1. EMP. SERIAL NO. 513842		2. NAME HUNT E HOWARD		3. ASSIGNED ORGN DDP/WH UNASS.		4. FUNDS UV		5. ALLOTMENT	
6. OLD SALARY RATE					7. NEW SALARY RATE				
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA	YR				MO DA YR
GS 15	5	\$15,030	08	09	59	GS 15	8	\$15,290	02 05 '61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					10. INITIALS OF CLERK				
					11. AUDITED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT					13. REMARKS THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.				
14. AUTHENTICATION									
<div style="text-align: right;">POSTED TO 2806</div> <div style="text-align: center;">  </div> <div style="text-align: right;">  OBLIGATION APPROVED </div>									
PAY CHANGE NOTIFICATION									

FORM 560

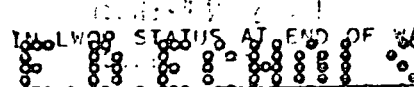
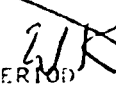
560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET
(When Filled In)

1. Serial No. 513842		2. Name HUNT E HOWARD		3. Cost Center Number DDP/WH UV UV		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	5	\$15,030	08/09/59	15	8	\$15,290	02/05/61			
8. Remarks and Authentication										
<div style="text-align: center;">  </div> <div style="text-align: right;">  OBLIGATION APPROVED </div>										
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

SECRET

(4-4)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 01500 ✓		2. NAME (Last-First-Middle) E. HOWARD			
3. NATURE OF PERSONNEL ACTION Promotion			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 61		5. CATEGORY OF EMPLOYMENT S-1000
6. FUNDS V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 2101-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/CA Staff Plans and Research Group Evaluation Branch			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Asst. Dir. - CH			12. POSITION NUMBER 0074		13. CAREER SERVICE DESIGNATION 2
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 2130-02		16. GRADE AND STEP 5	
				17. SALARY OR RATE 15030 ✓	
18. REMARKS FROM: DDP/WH/BF 4/Temporary 1cc - Payroll 1cc - Security Called Security 11/28/61 B					
18a. SIGNATURE OF REQUESTING OFFICIAL Reverett			DATE SIGNED 10/20/61		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER A. Lipp
			DATE SIGNED 11/28/61		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 57 10		20. OFFICE CODE 44200 CA		21. DATE OF BIRTH 10/09/18	
22. SPECIAL REFERENCE 1 - USG 2 - FICA 3 - NONE		23. RET. ELEMENT DATA 1 - YES 2 - NO		24. CORRECT/IN-CORRECTION DATA 1 - YES 2 - NO	
25. ALT. PREFERENCE 1 - NONE 2 - 10 3 - 12		26. SERA. COMP. DATE NO DA. YR.		27. SERA. COMP. DATE NO DA. YR.	
28. PREVIOUS DEPARTMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)		29. HEALTH DATA CODE 1 - YES 2 - NO		30. HEALTH DATA CODE 1 - YES 2 - NO	
31. POSITION CONTROL CERTIFICATION GVA 11-28-61		32. O.P. APPROVAL A. Lipp		33. DATE APPROVED 17/28-61	

FORM 1152 USE PREVIOUS EDITION.

SECRET

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)									
013842		HUNT E HOWARD									
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
RE ASSIGNMENT						11 25 61		REGULAR			
6 FUNDS		V TO V		V TO CF		7 COST CENTER NO (CHARGEABLE)		8 CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2121 1000 1000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH						WASH., D.C.					
11 POSITION TITLE						12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION			
OPS OFFICER CH.						0274		D			
14 CLASSIFICATION SCHEDULE (GS, LO, etc.)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP			17 SALARY OR RATE		
GS			0136.01			15 5			15030		
18 REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGREE CODE		24 HOURS CODE	
37		10		NUMERICAL ALPHABETIC 44200 CA		75013				25 DATE OF BIRTH	
26 DATE OF GRADE		27 DATE OF LEI		28 DATE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE	
MO DA YR		MO DA YR		MO DA YR		1 CSC 2 FICA 5 NONE		CODE		32 CORRECTION/CANCELLATION DATA	
EOD DATA		33 SECURITY REQ NO		34 SEX		35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG. COMP. DATE	
CODE		0 NONE 1 5 YR. 2 10 YR.		MO DA YR		MO DA YR		1 YES 2 NO		38 MIL SERV CREDIT/LED	
CODE		0 NONE 1 YES 2 NO		CODE		CODE		39 FEGLI / HEALTH INSURANCE		40 SOCIAL SECURITY NO	
41 PREVIOUS GOVERNMENT SERVICE DATA		42 LEAVE CAT.		43 FEDERAL TAX DATA		44 STATE TAX DATA		45 FORM EXECUTED		46 NO TAX EXEMP	
CODE		0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)		CODE		FORM EXECUTED 1 YES 2 NO		CODE		STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>mlh 01-04-62</i> </div>											

SECRET

(When Filled In)

PSC: 26 JAN 62

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013942		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 01 29 62	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 2121 1000 1000	
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. FUNDS V TO V CF TO V X CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDP, CA STAFF OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0454	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, E, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 5	
17. SALARY OR RATE 15030		18. REMARKS	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 41100 ALPHABETIC CA	22. STATION CODE 75013
23. INTEGRATED CODE 1	24. HOURS CODE 10 09 18	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 20	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA EOD DATA	33. SECURITY REQ NO	34. SER
35. VET. PREFERENCE CODE 0 NONE 1 1 PT 2 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. MIL SERV CREDIT/LCD 1. YES 2. NO
39. REGT. HEALTH INSURANCE CODE 0 ABANDON 1 YES	40. SOCIAL SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 NO PREVIOUS SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)	42. LEAVE LAT CODE
43. FEDERAL TAX DATA FORM ENDED CODE NO TAX EXEMPTIONS 1 YES 2 NO	44. STATE TAX DATA FORM ENDED CODE NO TAX STATE CODE	SIGNATURE OR OTHER AUTHENTICATION	

POSTED

H. E. HOWARD

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 29 May 1962	
1. SERIAL NUMBER 013842		2. NAME (Last-First-Middle) Hunt, E. Howard			
3. NATURE OF PERSONNEL ACTION Reassignment			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 01 62		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS V TO V CF TO V X CF TO CF		7. COST CENTER NO. CHARGEABLE 3129-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/DCDS Facilities branch Research and Publications Section			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops. Officer-3Ch8			12. POSITION NUMBER 0092		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0316.01		17. SALARY OR RATE 15,030.00	
16. GRADE AND STEP 15 5					
18. REMARKS PRA Requested per R - 20-10, para 10C(2) for a period of 90 days. DDP/CA Staff Office of the Chief/454 - / CONCUR: Helen Ingraham (By Phone) CSID SM					
19A. SIGNATURE OF REQUESTING OFFICIAL Virginia C. Lynch, DODS/Pers.		DATE SIGNED May 29 1962		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Helen Ingraham	
DATE SIGNED 4/62					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE CODE		21. OFFICE CODE NO. NUMERIC ALPHABETIC 400		22. DATE IN CODE	
23. DATE OF BIRTH MO DA YR 1 10 1918		24. DATE OF DEATH MO DA YR		25. DATE OF LEI MO DA YR	
26. DATE EMP RES MO DA YR		27. SPEC. REFERENCE 80		28. REL. POINT DATA 1 = YES 2 = NO	
29. SEPARATION DATA CODE 1 = YES 2 = NO		30. CORRECTION/CANCELLATION DATA 1 = YES 2 = NO		31. SECURITY NO. 32. SER	
33. VET. PREFERENCE 1 = YES 2 = NO		34. SERV. COMP. DATE MO DA YR		35. LONG. COMP. DATE MO DA YR	
36. MIL. SERV. CREDIT/LEO 1 = YES 2 = NO		37. FEELT / HEALTH NO. RANGE 1 = YES 2 = NO		38. TODAY. SECURITY NO.	
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 = NO PREVIOUS SERVICE 2 = NO MILITARY IN SERVICE 3 = MILITARY IN SERVICE LESS THAN 32 MO 4 = MILITARY IN SERVICE MORE THAN 32 MO		40. FEDERAL TAX DATA CODE 1 = YES 2 = NO		41. STATE TAX DATA CODE 1 = YES 2 = NO	
42. POSITION CONTROL CERTIFICATION 43. O.P. APPROVAL Helen Ingraham		DATE APPROVED 4/62			

BWS: 21 JUNE 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)										
013842		HUNT E HOWARD										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						07 01 62		REGULAR				
6. FUNDS		V TO V		V TO CF		7. LOSS CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		3129 1000 1000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
OPS OFFICER CH						0092		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS				0136.01		15 5		15030				
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEREST CODE	24. HQ/PL CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC				MO	DA	YR	MO	DA	YR
		53400	DODS	75013			10	09	18			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER
NO DA YR		NO DA YR		1. LSC 2. FICA 3. NONE		CODE		TYPE MO DA YR		EOD DATA		
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CODE		0 NONE 1 SPT 2 TOPT		NO DA YR		NO DA YR		1 YES 2 NO		CODE CODE		0 WAIVER 1 YES
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE				CODE		CODE		CODE				
0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)						1 YES 2 NO		FORM EXECUTED 1 YES 2 NO				
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>6-29-62</i> </div>												

ABM: 17 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09 16 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3129 2000 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OFFICER CH						0092		D			
14. CLASSIFICATION SCHEDULE (GS, LD, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 5			15030		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTHS	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	53400 DODS		75013		2	10 09 18				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEN
NO DA YR.		80		1 - CBC 2 - FICA 3 - NONE				EOD DATA			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO. DA. YR.		NO. DA. YR.		CAR SERV PROV TEMP		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT								0 - WAIVER 1 - YES			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FOAM EXECUTED CODE				FOAM EXECUTED CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS						NO TAX EXEMPTIONS 1 - YES 2 - NO				NO TAX EXEMPTIONS 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/19/62</p> </div> <div> <p>099-1762</p> </div> </div>											

FORM 4-62 1150

Use Previous Edition

SECRET

 SEC. 1
 Includes 11-10-1962
 Change 10-19-62
 Replaces 10-1-62

(4-81)

(When Filled In)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 21 September 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	CHIEF, OPERATING COMPONENT - DODS	HUNT, E. Howard
ATTN:	Miss Lynch	FILE NO. 1088
REF:	Form 1322 WEM dtd 29 Aug 62 requesting cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		
US Army Element, Composite Operations Group		
<input checked="" type="checkbox"/>	BLOCK RECORDS: (OPMEMO 20-800.11)	
	a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____	
	b. CONTINUING, EFFECTIVE _____ EOD _____	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800.2)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT ARMY W-2 BEING ISSUED. (HB 20-661.1)	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250)	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250)	
<input type="checkbox"/>	REMARKS:	
<p>THIS COVER IS NOT BEING 01 SEP 62</p> <p><i>James H. White</i></p> <p>45-136</p> <p>ALR/pp CHIEF, MILITARY COVER, CGO</p>		
DISTRIBUTION: 1-OSD/OS 1-PSD/OS 1-ADPD/COMPT		

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966 SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1967.

NAME	SERIAL	FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	43	400 CF GS-15 6	\$16,965	\$16,240

1 Serial No.		2 Name		3 Cost Center Number		4 LWOP Hours				
013842		HUNT, E. HOWARD		53 400 CF						
5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS-15	5	\$16,485	08/09/59	GS-15	6	\$16,965	12/09/62			
8 Remarks and Authentication										
<p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>R H Garrison</i> DATE: <i>7 December 1966</i></p> <p>PAY CHANGE NOTIFICATION <i>MC</i></p>										

Form 560

Obsolete Previous Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1966

NAME	SERIAL	FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	53400	CF 15 5	\$16,030	\$16,485

SECRET

(18 Apr 64 Ed 1a)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. Howard	
3 NATURE OF PERSONNEL ACTION Reassignment						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 16 64		5 CATEGORY OF EMPLOYMENT Regular			
6 FUNDS		V TO V		Y TO Y		7 COST CENTER NO. CHARGEABLE 5129-0253		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. Field C A Staff						10 LOCATION OF OFFICIAL STATION Washington, D.C.					
11 POSITION TITLE Ops Officer - CH						12 POSITION NUMBER 0280		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, L.B., etc.) GS-15				15 OCCUPATIONAL SERIES 0126.01		16 GRADE AND STEP 15 06		17 SALARY OR RATE \$18,240			
18 REMARKS										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> dated by CSJ2 KCN </div>	
19 SIGNATURE OF REQUESTING OFFICER Virginia C. Lynch				DATE SIGNED 9 July 64		19 SIGNATURE OF CAREER SERVICE APPROVING OFFICER Ronald Gage				DATE SIGNED 7/21/64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 37		20 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 12200 601 75012		22 STATION CODE 75012		23 INTEGRITY CODE 2		24 HOURS CODE 10 09 18	
25 DATE OF BIRTH MO DA YR 10 09 18		26 DATE OF GRADE MO DA YR		27 DATE OF LST MO DA YR		28 DATE OF BIRTH MO DA YR		29 DATE OF GRADE MO DA YR		30 DATE OF LST MO DA YR	
31 NTE EXPIRES MO DA YR 12 12 64		32 SPECIAL REFERENCE 1-ESC 2-FILA 3-NONE		33 RETIREMENT DATA CODE		34 SEPARATION DATA CODE TYPE		35 CORRECTION CANCELLATION DATA MO DA YR		36 SECURITY REG NO	
37 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		38 SERV COMP DATE MO DA YR		39 LONG COMP DATE MO DA YR		40 CAREER CATEGORY CODE 1-CAR RES 2-PROV TEMP		41 HEALTH INSURANCE CODE 0-WAIVER 1-YES		42 SOCIAL SECURITY NO	
43 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				44 LEAVE CAT CODE		45 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO				46 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	
47 POSITION CONTROL CERTIFICATION 30 JAL						48 APPROVAL Ronald Gage				49 DATE APPROVED 7/21/64	

SECRET

RZR: 31 JUL 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				08 03 64		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		5129 0253 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/DOD US FIELD CA STAFF						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER CH						0280		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 6		18240			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTH CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
37	10	43200	DOD	75013		2	10 03 18				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA			33. SECURITY REQ NO.		34. SER
MO. DA. YR.		1. CSC 2. FICA 3. NONE	CODE		TYPE	MO. DA. YR.			EOD DATA		
XX XX XX											
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
0 - NONE 1 - 5 YR. 2 - 10 YR.								0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE 1 - YES 2 - NO		NO TAX EXEMPTION		FORM EXECUTED 1 - YES 2 - NO		NO TAX STATE CODE EXEMPT	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 12 JUL 64 </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

31 JUL 64

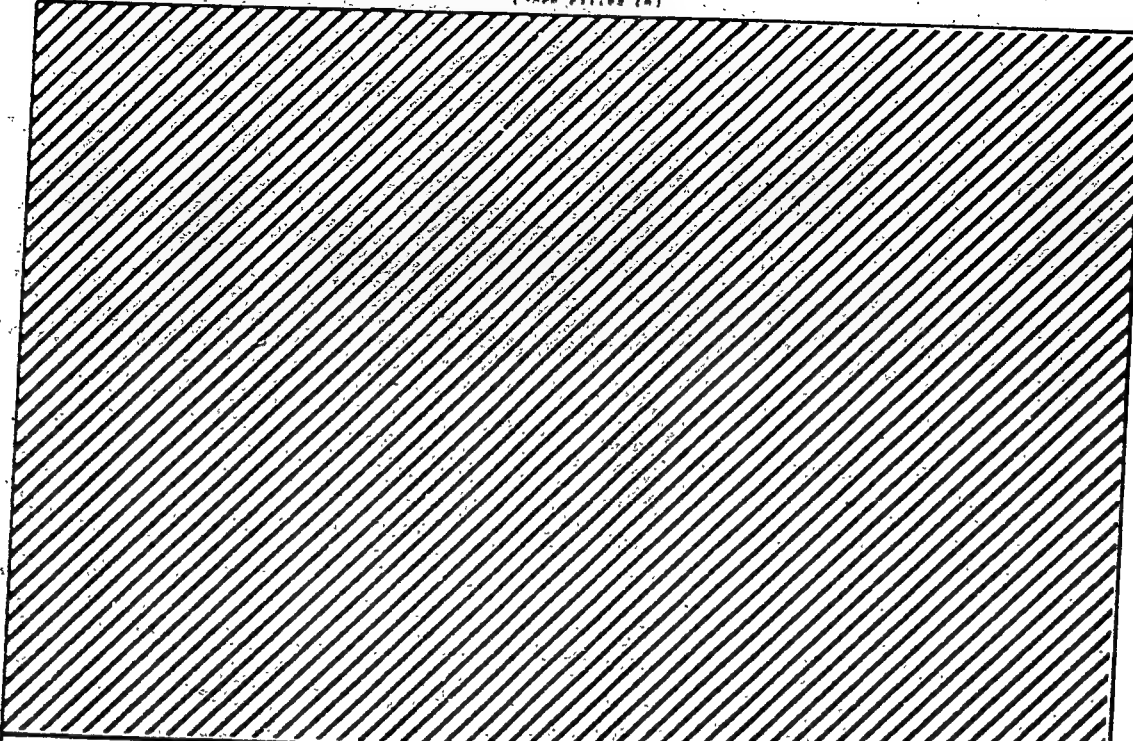
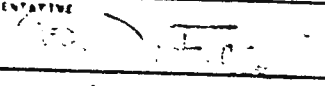
GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled)

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 16 February 1965	
1. SERIAL NUMBER 01342		2. NAME (Last-First-Middle) MURT, E. Howard									
3. NATURE OF PERSONNEL ACTION TRANSFER and to Vouchered Funds					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 18 65			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V CF TO V X		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 5220-0001			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF OF THE DDP OPERATIONAL SERVICES OFFICE OF THE CHIEF OPERATION GROUP					10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE CPS OFFICER				12. POSITION NUMBER 14 0390		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS			15. OCCUPATIONAL SERIES 0130.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE 19880				
18. REMARKS From DOD/US FDI 10/8 start. This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in FRA status for a period not to exceed 24 months. FRA in accordance with Regulation HI 20-21 paragraphs c (3). Verbal concurrence from DOD's per Bill Michael 2/19/65 CC: Payroll Security 125											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 16		20. EMPLOYMENT CODE 16		21. SPECIAL CODE 7		22. STATUS CODE 1		23. DATE OF BIRTH 10 09 18		24. DATE OF DEATH 08 16 53	
25. DATE EMPLOYED 02 20 67		26. SPECIAL REFERENCE 83		27. RETIREMENT DATA 1 = CSC 2 = FICA 3 = NONE		28. SEPARATION DATA CODE		29. CORRECTION/CANCELLATION DATA		30. SECURITY REQ NO.	
31. VET. PREFERENCE 0 = NONE 1 = 5-yr 2 = 10-yr		32. SER. COMP. DATE		33. LONG COMP. DATE		34. CAREER CATEGORY CAP/DECV PROV/TEMP		35. FEGLI / HEALTH INSURANCE 0 = NO BEN 1 = YES		36. SOCIAL SECURITY NO.	
37. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 = NO PREVIOUS SERVICE 1 = NO BEN IN PREVIOUS SERVICE 2 = BENEFIT IN PREVIOUS SERVICE (less than 3 yrs) 3 = BENEFIT IN PREVIOUS SERVICE (more than 3 yrs)				38. MILITARY SER. CODE		39. FEDERAL TAX DATA FORM EX-100 1 = YES 2 = NO		40. STATE TAX DATA FORM EX-100 1 = YES 2 = NO		41. STATE CODE	
45. POSITION CONTROL CERTIFICATION 2-19-65 HAT (2)						46. O.P. APPROVAL 175				DATE APPROVED	

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle) Hunt, E. Howard	NAME AND RELATIONSHIP OF DEPENDENT Self	CLAIM NUMBER 65-607
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>12 October 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 10 OCT 1965	SIGNATURE OF OSD REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								5 April 1965	
C13542		HUNT, E. HOWARD									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT-CONVERSION				MONTH DAY YEAR 02 10 65				REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		X CF TO CF				5120-0001					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
OFFICE OF THE DDP OPERATIONS Group Group						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0350		D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 7		\$ 19000			
18. REMARKS											
Correct action dated 2/20/65 to delete transfer to vouchered funds.											
Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF.											
Admin Error -											
CC: Payroll Security											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
						[Signature]				15 April 65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. HOUSING CODE	
				NUMERIC ALPHABETIC						1 10 09 18	
25. NTE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CORRECTION CANCELLATION DATA		30. SECURITY REQ NO	
MO DA YR 02 27 67		83		1-USE 2-FIELD 3-NONE		COOB		TYPE MO DA YR EOD DATA		34. SEX	
31. VET. PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. FEGLI HEALTH INSURANCE		36. SOCIAL SECURITY NO	
CODE 0-NONE 1-5 PT 2-10 PT		MO DA YR		MO DA YR		CAP-BSV PROV TEMP		CODE CODE 0-WAIVER 1-YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)						FORM EXECUTED CODE NO TAX BREAK TIONS				FORM EXECUTED CODE NO TAX EXEMP STATE CODE	
						1-YES 2-NO				1-YES 2-NO	
45. POSITION CONTROL CERTIFICATION						46. O.P. APPROVAL				DATE APPROVED	
4/5/65 H						[Signature]				15 April 65	

SECRET

1 Serial No.	2 Name	3 Cost Center Number	4 LWOP Hours							
013842	MUNT E HOWARD	43 200 CF								
5 OLD SALARY RATE		6 NEW SALARY RATE								
Grade	Step	Salary	Last EN Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	6	\$19,310	12/09/62	GS 15	7	\$19,880	12/06/64			
8. Remarks and Authentication										
/ ✓ NO EXCESS LWOP / IN PAY STATUS AT END OF WAITING PERIOD / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS _____ ADDED BY _____ <div style="text-align: right;">4 000</div>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. <div style="text-align: right;"><i>m m</i></div>										
SIGNATURE: <u>E. Howard</u> DATE: <u>1-1-65</u>										
PAY CHANGE NOTIFICATION <u>221</u>										

Form 3-61 503

Obsolete Previous
Edition

1451

GENERAL SCHEDULE RATES

Federal Employees Salary Act of 1964

[illegible]

JLB: 5 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT (CORRECTION)				02/28/65		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		A		CF TO CF		5120 0001 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP OFFICE OF THE DDP OPERATIONS GROUP						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0390		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01			15 7		19880			
18. REMARKS											
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS: ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOUCHERED FUNDS. ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF. ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. MAJORITY CODE	
58		10		30100 DDP		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
10/09/18						10/09/18					
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REG NO	
NO DA 18		03		1 - CSC 2 - FICA 3 - NONE		16		02/26/65		EOD DATA	
37. VET. PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEELI/HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		NO DA 18		NO DA 18		CODE		CODE		CODE	
1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT. CODE				45. FEDERAL TAX DATA			
CODE				CODE				CODE			
1 - NO PREVIOUS SERVICE 2 - NO BASIS IN SERVICE 3 - BASIS IN SERVICE LESS THAN 3 YRS 4 - BASIS IN SERVICE MORE THAN 3 YRS				1 - YES 2 - NO				1 - YES 2 - NO			
46. STATE TAX DATA				47. FEDERAL TAX DATA				48. STATE TAX DATA			
CODE				CODE				CODE			
1 - YES 2 - NO				1 - YES 2 - NO				1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 4-7-65 </div>											

FORM 1150
11-62Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 JUNE 1965

1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD	
3 NATURE OF PERSONNEL ACTION RESIGNATION		4 EFFECTIVE DATE REQUESTED MONTH 7 DAY 3 YEAR 65	
5 CATEGORY OF EMPLOYMENT REGULAR		6 LEGAL AUTHORITY (Completed by Office of Personnel)	
7 COST CENTER NO. CHARGEABLE 6120-0001		8 FUND V TO V CF TO V XX	
9 ORGANIZATIONAL DESIGNATIONS DDP OFFICE OF THE DDP OPERATIONS GROUP		10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0390	
13 CARRIER SERVICE DESIGNATION D		14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS	
15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 7	
17 SALARY OR RATE \$ 19,880.		18 REMARKS SUBJECT IS RE-EMPLOYABLE.	
18A SIGNATURE OF REQUESTING OFFICIAL <i>Rush</i>		DATE SIGNED 6/24/65	
18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Rush</i>		DATE SIGNED 6/24/65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE
23 INTEGRITY CODE	24 MONTHS CODE 1	25 DATE OF BIRTH MO. 10 DA. 09 YR. 15	26 DATE OF GRADE MO. DA. YR.
27 DATE OF LEI MO. DA. YR.	28 SPECIAL REFERENCE 1-CSC 2-FICA 3-NONE	29 RETIREMENT DATA CODE	30 SEPARATION DATA CODE 1-BF, 00, 1, 1
31 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	32 SECURITY REQ. NO.	33 SEX	34 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT
35 SERV. COMP. DATE MO. DA. YR.	36 LONG. COMP. DATE MO. DA. YR.	37 CAREER CATEGORY CODE CAR-REG PROH-TEMP	38 FICA-HEALTH INSURANCE CODE 0-WAIVER 1-YES
39 SOCIAL SECURITY NO.	40 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF IN SERVICE (MORE THAN 3 YEARS)	41 LEAVE CAT. CODE	42 FEDERAL TAX DATA CODE NO TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NONE
43 STATE TAX DATA CODE NO TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NONE	44 POSITION CONTROL CERTIFICATION 6/24/65	45 O.P. APPROVAL <i>E. A. Doughty</i>	46 DATE APPROVED 7/13/65

152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

PJH: 16 JUL 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
RESIGNATION						NO. DA YR 07 03 65			REGULAR		
6. FUNDS		7. TO V		8. TO CF		7. COST CENTER NO CHARGEABLE			8. CXC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		6120 0001 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/OFFICE OF THE DDP OPERATIONS GROUP						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0390			D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 7		19880			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. BIRTH CODE	
45		10		NUMERIC ALPHABETIC		CODE		CODE		NO. DA YR	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
10 09 18						10 09 18					
31. NTR EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO	
NO DA YR				1 - YES 2 - NO		18F0071		TYPE NO DA YR		KOD DATA	
37. VET PREFERENCE		38. SERV COMP. DATE		39. LONG COMP. DATE		40. CAREER CATEGORY		41. FEELT - HEALTH INSURANCE		42. SOCIAL SECURITY NO	
NO 0 NONE 1 5 PT 2 10 PT		NO DA YR		NO DA YR		LAC 0111 CODE 0111		CODE 0 0A YES 1 100		HEALTH INS CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT				45. FEDERAL TAX DATA			
1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				CODE				CODE NO TAX EXEMPTIONS			
				1 - YES 2 - NO				CODE NO TAX EXEMPTIONS			
				1 - YES 2 - NO				CODE NO TAX EXEMPTIONS			
SIGNATURE OR OTHER AUTHENTICATION											
POSTED											
JUL 19 65											

1150

Use Previous
Edition

SECRET

LAMP 1
Issued 1-65
Obsoleted 1-65
Revised 1-65

(When Filled In)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 20 July 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR HUNT, E. Howard
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) DDP	
ATTN:	Admin Staff	FILE NO. 1008
REF:	Resignee Backstop Debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.
US Army Element, Composite Operations Group		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/>	Block Records: (OPMEMO 10-800-11)	Resignation effective 3 Jul 65
	a. Temporarily for _____ days, effective _____	
	b. Continuing, effective EOD Oct 49	
<input type="checkbox"/>	Submit Form 642 to change limitation category. (HNB 20-7)	
<input type="checkbox"/>	Ascertain that Army W-2 being issued. (HB 20-661-1)	
<input type="checkbox"/>	Submit Form 1322 for any change affecting this cover. (R 240-250)	
<input type="checkbox"/>	Submit Form 1323 for transferring cover responsibility. (R 240-250)	
<input type="checkbox"/>	Remarks:	
<input checked="" type="checkbox"/>	Cover History	Dec50-Mar53 Mexico/State Dec56-Jul60 Uruguay/State Jun54-Oct56 Japan/DAC Jul60-Jul65 Hdqs/DAC
Forwarding Address: 5029 Milwood La. Washington, D.C. Employment Address: O/s with NOC background RDD/al CHIEF, MILITARY COVER, ECG		
DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-CL/TELSVC, Copy 5-PSD/OS, Copy 6-File.		

*Continuing
per
Mack
11/1/65*

James J. Franklin

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD		8 SEPTEMBER 1966	
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT <i>(Career)</i>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 18 66		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS XX V TO V CF TO V			7 COST CENTER NO. CHARGE ABLE 7236-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDP/WE OPERATIONS STAFF INTERNAL SECTION			10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11 POSITION TITLE OPS OFFICER (15)			12 POSITION NUMBER 0020		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15-7	
				17 SALARY OR RATE \$ 21192	
18 REMARKS Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966. <i>Terminated Contract Employee converting to Staff</i> <i>cc Security</i> <i>cc Payroll</i> <i>* Former Contract Employee. Reinstated with Code C-07/54</i>					
19A SIGNATURE OF REQUESTING OFFICIAL <i>Richard F. Westerman</i>		DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Ronald Gage</i>	
19C SIGNATURE OF PERSONNEL OFFICER <i>Richard F. Westerman</i>		DATE SIGNED		19D SIGNATURE OF PERSONNEL OFFICER <i>19 Sept 66</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 11	20 EMPLOY CODE 10	21 OFFICE CODING PHONETIC ALPHABETIC 50845 WE	22 STATION CODE 75013	23 INTEGER CODE	24 HOURS CODE 1
25 DATE OF BIRTH MO DA YR 10 09 18		26 DATE OF GRADE MO DA YR 05 16 53		27 DATE OF LEI MO DA YR 12 06 64	
28 DATE EXPIRES MO DA YR		29 SPECIAL REFERENCE 1-ESC 2-PCA 3-NORM		30 RETIREMENT DATA CCODE 1	
31 SEPARATION DATA CODE TYPE		32 CORRECTION CANCELLATION DATA MO DA YR		33 SECURITY REG NO 48130	
34 VET PREFERENCE CODE 1		35 SERV COMP DATE MO DA YR 05 12 44		36 LONG COMP DATE MO DA YR 11 28 44	
37 CAREER CATEGORY CODE C		38 FEELI HEALTH INSURANCE CODE 1		39 SOCIAL SECURITY NO 136-05-0670	
40 PREVIOUS GOVERNMENT SERVICE DATA CODE 1		41 LEAVE CAT CODE 8		42 FEDERAL TAX DATA CODE 1	
43 STATE TAX DATA CODE 1		44 SOCIAL SECURITY DATA CODE 1		45 POSITION CONTROL CERTIFICATION	
46 O.P. APPROVAL <i>Richard F. Westerman</i>		DATE APPROVED			

SECRET

REF: 23 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
013842		HUNT E HOWARD									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
EXCEPTED APPT CAREER						09 13 66		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
X		7236 1184 0000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WE OPERATIONS STAFF INTERNAL SECTION						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0020		D			
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			15 7			21192		
18. REMARKS											
FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MAJOR CODE	
11		10		50045 WE		75013		1		1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
10 05 18		08 16 53		12 06 64		10 05 18		08 16 53		12 06 64	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION, CANCELLATION DATA		36. SECURITY REG NO	
03 04 18		1		1		1		EOD DATA		48130 M1	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
1		05 24 44		11 08 49		C		1		126054970	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT CODE				45. FEDERAL TAX DATA			
1				8				1 M5			
46. STATE TAX DATA				47. STATE TAX DATA				48. STATE TAX DATA			
1				1				1			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

09-27611

10 1150

Use Previous
Edition

SECRET

SECRET

(When Filled In)

1 SERIAL NO	2 NAME	3 ORGANIZATION	4 FUNDS	5 LWOP MOVES
013842	HUNT E HOWARD	44 050	CF	
6 OLD SALARY RATE		7 NEW SALARY RATE		8 TYPE ACTION
Grade	Step	Salary	Effective Date	IN
GS 1	7	\$21,192	12/06/64	GS 15
				8
		\$21,790	12/03/67	
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE <i>Refr. Lunde</i>			DATE <i>29 Nov. 1967</i>	
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD				
CLERK INITIALS		AUDITED BY		
FORM 560 E Use previous editions		PAY CHANGE NOTIFICATION		

SECRET

3 October 1966

MEMORANDUM FOR : Chief, TRB

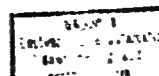
SUBJECT : Verification of Contract Service for
Howard E. Hunt

1. The following is a record of subject's contract service with the Agency:

<u>Date</u>	<u>Action</u>	<u>Compensation</u>
4 July 1965	Contract Employee	\$19,880 per annum
10 October 1965	Salary Increase	\$20,595 per annum
3 July 1966	Salary Increase	\$21,192 per annum
17 September 1966	Contract Terminated	\$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.

Dow H. Luetscher
Dow H. Luetscher
Chief, Contract Personnel Division



SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		6 January 1967
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR HUNT, E. Howard
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) O/DDP	
ATTN: DDP/Personnel		FILE NO. 1038
REF: Resignation Debriefing		ID CARD NO.
OFFICIAL COVER BACKSTOP ESTABLISHED Department of State		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT
☒ Block Records:
(OPMEMO 20-800-11)

a. Temporarily for _____ days, effective _____.

b. Continuing, effective _____ MOD _____.

☒ Submit Form 642 to change limitation category.
(HNB 20-7)

☒ Ascertain that Army W-2 being issued.
(HB 20-661-1)

☒ Submit Form 1322 for any change affecting this cover.
(R 240-250)

☒ Submit Form 1323 for transferring cover responsibility.
(R 240-250)

☐ Concurred in issuance
AGE
NACS
☐
☐

Hospitalization card.

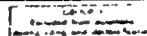
COVER HISTORY

Oct 49 - Dec 50 INS/OVERT
 Dec 50 - Mar 53 MEXICO/STATE
 Mar 53 - Jun 54 INS/OVERT
 Jun 54 - Oct 56 JAPAN/DAC
 Dec 56 - Jul 60 URUGUAY/STATE
 Jul 60 - Jul 65 INS/DAC
 Jul 65 - Sep 66 contractual employment
 O/DDP as consultant

James H. Franklin
 /CD/sac CHIEF, OFFICIAL COVER CCS

DISTRIBUTION: Copy 1-PD, Copy 2-Operating Component, Copy 3-D/OS, Copy 4-OL/TELSVC, Copy 5-OP/BSO/IB,
 Copy 6-DCS/OPS, Copy 7-File

SECRET



SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						11. JANUARY 1967			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT					
TRANSFER TO CONFIDENTIAL FUNDS		MONTH DAY YEAR 01 20 67				REGULAR					
6. FUNDS		7. COST CENTER NO. CHARGE				8. LEGAL AUTHORITY (Completed by Office of Personnel)					
V TO V CP TO V		XX CP TO CP				2130-1184					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FIR SPECIAL ACTIVITIES STAFF						FASH, D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OF						0006		D			
14. CLASSIFICATION SCHEDULE (G.S. F.R. #)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
CC				0136.01		15-7		\$ 21.192			
18. REMARKS											
cc payroll											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED			
Richard C. Westerman						18/Jan/67					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE			
30		10		NUMERIC ALPHABETIC 0030 CLK 28/17							
24. INT. EMPLOY		25. SPECIAL REFERENCE		26. RETIREMENT DATA		27. SEPARATION DATA CODE		28. CORRECTION CANCELLATION DATA			
MO DA YR.				1-ESA 2-FHA 3-NONE		TYPE MO DA YR.		EOD DATA			
29. VET PREFERENCE		30. SERV. COMP. DATE		31. LONG. COMP. DATE		32. CAREER CATEGORY		33. FEGLI. HEALTH INSURANCE			
CODE		MO DA YR.		MO DA YR.		CAR. RES. PROV. TEMP.		CODE CODE 0-WAITER 1-YES			
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		45. SOCIAL SECURITY NO.			
CODE		CODE		FORM EXECUTED		FORM EXECUTED		CODE MO TAX STATE CODE			
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				1-YES 2-NO		1-YES 2-NO					
46. POSITION CONTROL CERTIFICATION						47. OFF. APPROVAL		DATE APPROVED			
AT 18/67 WIL						FROM WE		18/Jan/67			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

16

SECRET
(When Filled In)

BJT: 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO-CONFIDENTIAL FUNDS		4. EFFECTIVE DATE MO DA YR 01 29 67	5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS	7. Financial Analysis No Chargeable	8. USC OR OTHER LEGAL AUTHORITY					
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>	V TO V	V TO CF	CF TO V	CF TO CF	X	7136 1184 0000 50 USC 403 J	
V TO V	V TO CF						
CF TO V	CF TO CF						
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR SPECIAL ACTIVITIES STAFF		10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0006	13. SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 7	17. SALARY OR RATE 21192				
18. REMARKS							

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODES NUMERIC ALPHABETIC 44050 EUR	22. STATION CODE 75013	23. INTEGREE CODE	24. MILEAGE CODE 1	25. DATE OF BIRTH MO DA YR 10 09 18	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO.		34. SER	
35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY CODE	39. FEGLI/HEALTH INSURANCE CODE 0 WAIVED 1 YES	40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS 3 BREAK IN SERVICE MORE THAN 3 YRS	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT STATE CODE					

SIGNATURE OR OTHER AUTHENTICATION

FROM: WE

POSTED
[Signature]

FORM 1150
5-66

Use Previous
Edition

SECRET

BJT

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				25 April 1967	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
013842		HUNT, E. HOWARD			
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT
DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			MONTH DAY YEAR 05 07 67		REGULAR
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		7136-1184		PL 88-643 Sect. 203	
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDP/WE EVR			WASHINGTON, D. C.		
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
				D	
14 CLASSIFICATION SCHEDULE (GS, FS, HC)		15 OCCUPATIONAL SERIES		17 SALARY OR RATE	
				\$	
16 REMARKS					
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.					
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGREE CODE	24 REQRES CODE
		NUMERIC ALPHABETIC			
28 HIF EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA	33 SECURITY REQ NO
MO DA YR		1-CSC 2-FICA 3-NOM		MO DA YR	
		2			
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI-HEALTH INSURANCE	40 SOCIAL SECURITY NO
CODE	MO DA YR	MO DA YR	CODE	CODE	
0-NONE 1-5 PT 2-10 PT					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT. CODE		43 FEDERAL TAX DATA	
CODE		CODE		CODE	
0-NONE 1-NONE IN SERVICE 2-BREAR IN SERVICE (LESS THAN 3 YEARS) 3-BREAR IN SERVICE (MORE THAN 3 YEARS)		1-YES 2-NONE		1-YES 2-NONE	
45 POSITION CONTROL CERTIFICATION			46 OF APPROVAL		
			DATE APPROVED		
			See memo signed by D/Pers dated 27 APR 1967		

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(When Filled In)

BJT: 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)	
013842		HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		05 07 67	REGULAR
6. FUNDS	V TO V	V TO CF	7. Financial Analysis No Chargeable
	CF TO V	CF TO CF	8. CSC OR OTHER LEGAL AUTHORITY
	X		7136 1184 0000 PL 88-643 SECT. 203
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/EUR		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
			D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP
			15
17. REMARKS			
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
		NUMERIC ALPHABETIC	
23. NTE EXPIRES	24. SPECIAL REFERENCE	25. RETIREMENT DATA	26. SEPARATION DATA CODE
NO DA 1A	1. CSC 2. CIA 3. FICA 4. NONE	CODE	TYPE NO DA 1A
		2	
27. VET PREFERENCE	28. SERV COMP DATE	29. LONG COMP DATE	30. CAREER CATEGORY
CODE 0 NONE 1 5 PT 2 10 PT	NO DA 1A	NO DA 1A	CODE CODE 0 WAIVER 1 YES
			HEALTH INS CODE
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)	CODE	44. EXEMPTED CODE NO TAX EXEMPTIONS 1 YES 2 NO	44. EXEMPTED CODE NO TAX STATE CODE 1 YES 2 NO

SIGNATURE OR OTHER AUTHENTICATION

POSTED
5-18-67

1150

Use Previous Edition

SECRET

BJR

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

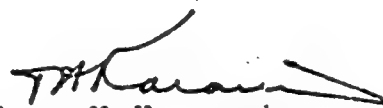
14-00000
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

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Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) HUNT	(First) E.	(Middle) Howard	SOCIAL SECURITY NUMBER
--	----------------------	---------------------------	------------------------

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Sarasota, Fla.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Md.	HOME LEAVE RESIDENCE 11120 River Rd. Potomac, Md. 20854

2. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE Millbrook, N.Y.					DATE OF MARRIAGE Sept. 7 1949
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED					DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)					

3. MEMBERS OF FAMILY

NAME OF SPOUSE Dorothy L. Hunt	ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	TELEPHONE NO. 299 7366
NAMES OF CHILDREN Lisa T. Kevan T. Howard St. John David A.	ADDRESS 11120 River Road, Potomac, Md. D I TTO	SEX DATE OF BIRTH F 27/11/51 F 27/11/52 M 3/22/54 M 8/1/65
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. **Wife and 3 elder children**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Last, First, Middle) H Hunt, Dorothy L.	RELATIONSHIP wife
HOME ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	HOME TELEPHONE NUMBER 299 7366
BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) **Yes**

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

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3. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center">Riggs National Bank F&M Branch, Washington, DC</p> <p align="center">Howard and/or Dorothy L. Hunt</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p align="center">in wife's possession</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> <p align="center">Wm. F. Buckley, Jr. Stamford, Conn.</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
<p>Daughter Lisa T. Hunt is presently hospitalized. Notification should <u>not</u> be made to her.</p>		
<p>SIGNED AT <i>Langley, Va.</i></p>	<p>DATE <i>25 June 1963</i></p>	<p>SIGNATURE <i>E. Howard Hunt</i></p>

CONFIDENTIAL

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(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								30 JULY 1968	
013842		HUNT, E. HOWARD									
4. EFFECTIVE DATE REQUESTED						5. CATEGORY OF EMPLOYMENT					
MONTH DAY YEAR 08 07 68						REGULAR					
6. FUNDS						7. FINANCIAL ANALYSIS NO CHARGEABLE					
V TO V						9136 1184					
CF TO V						XX CF TO CF					
8. LEGAL AUTHORITY (Completed by Office of Personnel)											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
EDP/EUR OPERATIONS STAFF						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
CPS OFFICER (15)						0012		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15 8		\$23,735 24.393			
18. REMARKS											
VICE: W. DIETRICH											
FROM EUR/SAS/#0006											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
WILLFORD C. TAYLOR, C/E/PERS				8/1/68		Paul M. Y. [Signature]				5 Aug 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MOOTHS CODE	
37		10		44100 EUR		75213		1		10 09 68	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
31. RET. PREFERENCE		32. SERV. COMP. DATE		33. LONG. COMP. DATE		34. CAREER CATEGORY		35. FEGLI HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
8-BONE						CAR RESP		HEALTH INS CODE			
1-5 FT						PROV. TEMP		1-YES			
3-10 FT											
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE				38. LEAVE CAT CODE		39. FEDERAL TAX DATA				40. STATE TAX DATA	
CODE				CODE		CODE				CODE	
8-BONE						NO. TAX EXEMPTIONS				NO. TAX EXEMPT.	
1-NO SERVIC IN SERVICE						FORM EXECUTED				FORM EXECUTED	
2-BELAS IN SERVICE (LESS THAN 3 YEARS)						1-YES				1-YES	
3-BELAS IN SERVICE (MORE THAN 3 YEARS)						2-NO				2-NO	
43. POSITION CONTROL CERTIFICATION						44. O.P. APPROVAL			45. DATE APPROV		
8-7-68						[Signature]			[Signature]		

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When Filled In)

PLW: 13 AUG 68

NOTIFICATION OF PERSONNEL ACTION

-CCF

1. SERIAL NUMBER 013842		2. NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 03 07 68	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS FUND 1	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 9136 1194 0000
8. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		9. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
10. LOCATION OF OFFICIAL STATION WASH., D.C.		11. POSITION TITLE OPS OFFICER	
12. POSITION NUMBER 0012		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS 18 WK) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 3
17. SALARY OR RATE 24399		18. REMARKS	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 44100 EUR 78013	22. STATION CODE
23. INTEGRITY CODE	24. HEALTH CODE	25. DATE OF BIRTH 10 09 12	26. DATE OF GRADE
27. DATE OF LEI	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION CONCERNING DATA	33. SECURITY REQ NO	34. SEA
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG. COMP DATE	38. CAREER CATEGORY
39. REGU - HEALTH INSURANCE	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	
42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION			

FORM 1150
5-64 May 10-67Use Previous
Edition

SECRET

PLW

Excluded from automatic
downgrading and
declassification

(When Filled In)

7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DDP/EUR/CA

SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days

Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 - 02 yr., 1 mo., 25 days

U.S. Army-

06 October 1943 - 08 January 1946 - 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency DOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

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This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the data which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to Murray Benthall on X3257.

John T. McCann
Chief, Transactions & Records Branch

Distribution:
Orig. & Addressee
1-TRB Chrono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

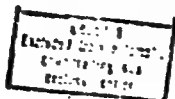
MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



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4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.



Date: 5/15/69

- 2 -

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE: 14 January 1970	
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 1088	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 013842	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER EUR	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	<input type="checkbox"/> BACKSTOP ESTABLISHED
REF: FORM: 1413		<input checked="" type="checkbox"/>	<input type="checkbox"/> DISCONTINUED
SUBJECT: HUNT, E. HOWARD		UNIT: DEPARTMENT OF STATE	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE: XXXXXXXX	
B. CONTINUING AS OF COB		FROM EOD	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
ASCERTAIN THAT _____ W-2 BEING ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2*)			
SUBMIT FORM 2688 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
COVER HISTORY:			
NOV 49 - DEC 50 HQS/OVERT			
DEC 50 - MAR 53 MEXICO/STATE INT			
MAR 53 - JAN 54 HQS/OVERT			
JAN 54 - OCT 56 JAPAN/DAC			
OCT 56 - JAN 57 HQS/OVERT			
JAN 57 - JUN 60 URUGUAY/STATE INT			
JUL 60 - JUL 65 HQS/OVERT			
JUL 65 - SEP 66 HQS/OVERT			
SEP 66 - PRESENT HQS/STATE NOM			
DISTRIBUTION: COPY 1 - RLB COPY 2 - OPERATING COMPONENT COPY 3 - D/OS COPY 4 - OL/TELEVC COPY 5 - CCS - CHRONO COPY 6 - CCS - FILE		JC/sl	
		CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

1551 USE PREVIOUS EDITION

SECRET

(13-20-43)

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 013842										10 Jan 70	
2. NAME (Last-First-Middle) HUNT, E. HOWARD											
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 11 70		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS XX						7. FINANCIAL ANALYSIS NO. CHARGEABLE 0236 1184		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF						10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE CPS OFFICER						12. POSITION NUMBER 0012		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GSA, F.R. No.) GS				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 8		17. SALARY OR RATE \$ 26,629			
18. REMARKS Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization. CE: PAYROLL											
18A. SIGNATURE OF REQUESTING OFFICIAL MILFORD C. TAYLOR, C/E/Pers				DATE SIGNED 1/19/70		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER C. B. B. B.					
DATE SIGNED 1-19-70											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 10	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 4450	22. STATION CODE V-113	23. INTEGREE CODE	24. HQ/RTS CODE 1	25. DATE OF BIRTH MO DA YR 10/09/18	26. DATE OF GRADE MO DA YR	27. DATE OF LEL MO DA YR			
28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO DA YR	EOD DATA		33. SECURITY RTO NO	34. SEX			
35. VET PREFERENCE CODE 8-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY LEE RLY PROV TEMP	39. FEDERAL HEALTH INSURANCE CODE CODE 8-WAIVER 1-YES	HEALTH INS CODE		40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 8-NONE 1-BEFORE SERVICE 2-BEFORE IN SERVICE (LESS THAN 3 YEARS) 3-BEFORE IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXEMPTED 1-YES 2-NONE		44. STATE TAX DATA FORM EXEMPTED 1-YES 2-NONE		CODE NO TAX STATE CODE			
45. POSITION CONTROL CERTIFICATION 1-20-70				46. OP APPROVAL W. Hart				DATE APPROVED 1/20/70			

SECRET

SECRET

(When Filled In)

FORM 10-67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 11342		2. NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS		4. EFFECTIVE DATE MO. DA. YR. 01 11 70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V X CF TO V V TO CF CF TO CF	7. Financial Analysis No. Chargeable 0200 1174 0000		8. CSC OR OTHER LEGAL AUTHORITY 55 USC 433 J
9. ORGANIZATIONAL DESIGNATIONS ODP/EUR OPERATIONS STAFF		10. LOCATION OF OFFICIAL STATION WASH, D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0100.01	16. GRADE AND STEP 15	17. SALARY OR RATE 20321
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 10	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 000000 EUR	22. STATION CODE 75013
23. INTEREST CODE 1	24. HOURS CODE 1	25. DATE OF BIRTH MO. DA. YR. 10 01 1	26. DATE OF GRADE MO. DA. YR.
27. DATE OF LEI MO. DA. YR.	28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE 1. CSC 2. CUA 3. PCA 4. NONE	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE	32. CORRECTION / CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REG NO	
34. SER	35. VET PREFERENCE CODE 0. NONE 1. 5 PT 2. 10 PT		
36. SERV COMP DATE MO. DA. YR.	37. LONG COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CAR 8834 PROV 11WP	39. FEGLI - HEALTH INSURANCE CODE 0. WAIVER 1. YES
40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS. 3. BREAK IN SERVICE MORE THAN 3 YRS.		
42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1. YES 2. NO		
44. STATE TAX DATA FORM EXECUTED 1. YES 2. NO	45. NO TAX EXEMPTIONS CODE		
SIGNATURE OR OTHER AUTHENTICATION			
<div style="text-align: right;"> POSTED 1-22-70 PH </div>			

FORM 10-67

11-50
10-67

Use Previous Edition

SECRET

JIBC

 GROUP 1
 Excluded from automatic
 downgrading and
 declassification

(When Filled In)

00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
MUNT E HOWARD	013842	44	100	CF GS 15 8	\$26,629

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	44	050	CF GS 15 7	\$21,192	\$22,082

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

SECRET

(When filled in)

JED: 20 APR 70

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE NO 000 18 04/30/70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No Chargeable 0236 1184 0000
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		8. CSC OR OTHER LEGAL AUTHORITY P.L. 88-643 SECT. 233	
11. POSITION TITLE OPS OFFICER		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D
15. OCCUPATIONAL SERIES 0138.C1		16. GRADE AND STEP 15 8	17. SALARY OR RATE 22226
18. REMARKS			

1. LAST NAME HUNT		FIRST NAME E		INITIALS HOWARD		2. APPOINTMENT DATA Entered on duty 5/15/48 Subject to Sec 302(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 302(d) on Annual Leave Bal		3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years 25 Months 7 Days 23 <input checked="" type="checkbox"/> More than 15 years	
4. DATE AND NATURE OF SEPARATION RETIREMENT VOLUNTARY CIARDS 4/30/70									
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)						SUMMARY OF HOME LEAVE (DAYS)			
5. Balance from prior leave year ended 1/10 1970 300 745						14. Date arrival abroad for ML purposes			
6. Current leave year accrual through 4/18 1970 56 28						15. Current balance as of 19			
7. Total 356 773						16. 12 month accrual rate			
8. Reduction in credits, if any (current year) 0 0						17. Dates leave used, prior 24 months			
9. Total leave taken 44 36						18. Monthly accrual date			
10. Balance 312 737						19. Calendar days credit for next accrual date			
11. Total hours paid in lump sum 300 HRS + 1 HOL 28,226						20. Date last service period completed MILITARY LEAVE			
12. Salary rates 0630, 5/1/70 to 6/24/70 1230 (Hours)						21. Dates during current calendar yr to			
13. Lump sum leave dates From 0630, 5/1/70 to 6/24/70 1230 (Hours)						22. Dates during preceding calendar yr to			
24. Certified copy of signature for Chief Payroll 143-2585 (Title) (Telephone)						23. During leave year in which separated 24. During step increase waiting period which began on 12/3/67 25. During 12 month ML accrual period (dates)			
						26. During 12 month ML accrual period (dates)			

Standard Form 1150
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 290-11 AND 990-2

DUU

(When Filled In)

SECRET

81 APR 1970 70-2034

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement
E. Howard Hunt

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.

3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

The recommendation contained in paragraph 4 is approved:

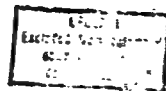
/s/ Richard Helms

Director of Central Intelligence

81 APR 1970

Date

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

21 APRIL 1970

1 SERIAL NUMBER

013842

2 NAME (Last-First-Middle)

HUNT, E. HOWARD

RETIREMENT (VOLUNTARY) UNDER THE CIA
RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED

MONTH COB YEAR
04 30 70

3 CATEGORY OF EMPLOYMENT

REGULAR

6 FUNDS



X V TO V

V TO C

C TO V

C TO C

7 FINANCIAL ANALYSIS NO
CHARGEABLE

0236-1184

8 LEGAL AUTHORITY (Completed by Office of
Personnel)88-643
Act, 233

9 ORGANIZATIONAL DESIGNATIONS

DDP/EUR
OPERATIONS STAFF

10 LOCATION OF OFFICIAL STATION

WASHINGTON, D.C.

11 POSITION TITLE

OPS OFFICER

(15)

12 POSITION NUMBER

0012

13 CAREER SERVICE DESIGNATION

D

14 CLASSIFICATION SCHEDULE (GS, FS, etc.)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

15 8

17 SALARY OR RATE

\$ 28,630 23.226

18 REMARKS

cc: SECURITY
cc: PAYROLL

Recommendation for agency reserve program is ready

S. J. Kline
CSRS 4/27/70

1152 Release w/o memo, R.O.B., 4/29/70.

18A SIGNATURE OF REQUESTING OFFICIAL

DATE SIGNED

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE SIGNED

WILLFORD C. TAYLOR, C/E/Per

4/27/70

C. J. Kline


4-27

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INTEGRITY CODE	24 HOGIPS CODE 1	25 DATE OF BIRTH MO DA YR 10 09 18	26 DATE OF GRADE MO DA YR	27 DATE OF LEL MO DA YR
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE 1-PLC 2-ORCA 3-FICA 4-NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION CANCELLATION DATA MO DA YR	EOD DATA		33 SECURITY REQ NO	34 SEX
35 VET PREFERENCE CODE B-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE CAR RESP PROG TEMP	39 FEGLI HEALTH INSURANCE CODE B-WAIVER 1-YES	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NONE	44 STATE TAX DATA FORM EXECUTED 1-YES 2-NONE	45 POSITION CONTROL CERTIFICATION 4-29-70		46 DATE APPROVED 4/24/70		

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE April 23, 1970	
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 1088	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EUR	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	BACKSTOP ESTABLISHED
REF: Retirement Debriefing			<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT HUNT, E. Howard		UNIT Department of State	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE XXXXXX	
B. CONTINUING AS OF COB		From EOD	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
ASCERTAIN THAT _____ W-2 BEING ISSUED (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-20)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-20)			
SUBMIT FORM 2688 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
<p>Cover History:</p> <p>NOV 49 - DEC 50 HQS/OVERT</p> <p>DEC 50 - MAR 53 MEXICO/STATE INT</p> <p>MAR 53 - JAN 54 HQS/OVERT</p> <p>JAN 54 - OCT 56 JAPAN/DAC NOM</p> <p>OCT 56 - JAN 57 HQS/OVERT</p> <p>JAN 57 - JUN 60 URUGUAY/STATE INT</p> <p>JUL 60 - JUL 65 HQS/OVERT</p> <p>JUL 65 - SEP 66 HQS/OVERT</p> <p>SEP 66 - Present HQS/STATE NOM</p>			
DISTRIBUTION: COPY 1 - HQS COPY 2 - OPERATING COMPONENT COPY 3 - D/O COPY 4 - OL/TELETYPE COPY 5 - CCS - CHRONO COPY 6 - CCS - FILE		CD/sl	
		 OFFICIAL COVER, CENTRAL COVER STAFF	

1551 USE PREVIOUS EDITION

SECRET

112-20-831

JSC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)			
013842		MUNT E HOWARD			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT	
RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM			04 30 70	REGULAR	
6. FUNDS	<input checked="" type="checkbox"/>	V TO V	V TO CF	7. Financial Analysis No Chargeable & CSC OF OTHER LEGAL AUTHORITY	
		CF TO V	CF TO CF	0236 1184 0000 P.L. 88-643 SECT. 233	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE			12. POSITION NUMBER	13. SERVICE DESIGNATION	
OPS OFFICER			0012	D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE *	
GS		0136.01	15 B	28226	
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET

1 MAY 1970

MEMORANDUM FOR : Mr. E. Howard Hunt

THROUGH : Head of CS Career Service

**SUBJECT : Notification of Approval of Request for
Voluntary Retirement**

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

/s/ H. B. Fisher

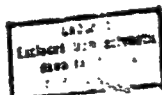
Robert S. Wattles
Director of Personnel

Distribution:

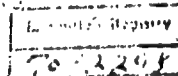
- 0 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Reader
- 1 - ROB Staff File

OP/RAD/ROB/DEMorrise:jat/3257 (30 April 1970)

SECRET



70-1825



Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

6 MAY 1970

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Rich
/s/ Richard Helms

Richard Helms
Director

Good Luck and Best Wishes!
Distribution:

0 - Addressee
1 - DDCI
1 - ER
1 - C/EAB/OS
1 - D/Pers
1 - OPF
1 - ROB Soft File
1 - ROB Reader

Originator: /s/ H. B. Fisher 4 MAY 1970
Director of Personnel

SIGNED
C/EAB/OS

20 APR 1970

OP/RAD/ROB/DEMerris:jat/3257 (20 April 1970)

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Mr. F. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - OPF
1 - RAD Subject's File

OP/RAD/EEAI/MShebatlp (9 October 1970)

NO SECURITY

CENTRAL INTELLIGENCE AGENCY

Career Profile

HOWARD MONT
C/CA/EUR

4829

4829

How

From 1949 to the present I have been a career official of the Central Intelligence Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.

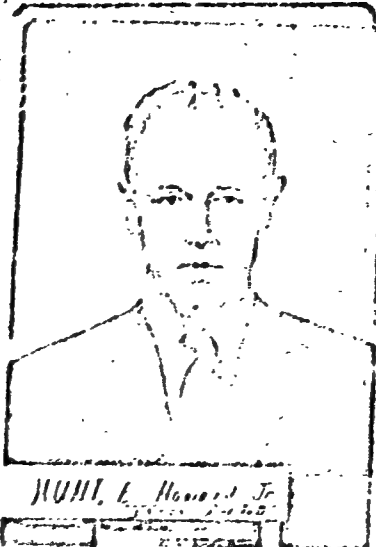
Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET

(When Filled In)

FORM NO. 1200 (PART 2)	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HUNT, Eberette) Howard	DATE OF BIRTH 9 Oct 1918	
 <p>HUNT, E. Howard Jr. Major General, USA</p>		
14. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
15. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
16. ADDITIONAL INFORMATION <u>Appreciation 1951</u> from Chief, PP, for assistance rendered in the preparation of "PP Operational Aids." <u>Appreciation 1953</u> from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City. <u>Commendation 1954</u> from W. D. Playdon (P) for superior performance in connection with project PROGRESS. <u>Appreciation 1960</u> from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to Uruguay. <u>Commendation 1961</u> from Ch, WH for performance of duties with distinction in support of the mission outlined in Project JIMATE.		
23 Mar 1973	rwj/cal	

FORM NO. 1200 (PART 2) REPLACES FORM 1200 (PART 2) 1 FEB 55

SECRET

BIOGRAPHIC PROFILE

2561

SECRET
(When Filled In)

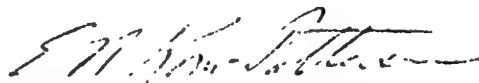
1. PERM. SERIAL NO. 013842		BIOGRAPHIC PROFILE (PART I) 7 Feb 1974			
2. NAME (Last-First-Middle) HUNT, E(verette) Howard		3. SEX M	4. DATE OF BIRTH 9 Oct 1918	5. AGENCY'S COM. DATE 8 Nov 1972	
6. MARITAL STATUS Married	7. DEPENDENTS (Include on-plant) 5	8. YEARS OF BIRTH 1920 1951 1952 1954 1963		9. US NATURALIZATION DATE(S) NA NA	
10. CAREER STATUS MEMBERSHIP	Jul 1954	11. OTHER STATUS Feb 1967		12. LAST MD. RPT. DUAL. F20 TDR Standby	
13. CURRENT RESERVE STATUS X	14. GRADE None	15. ACTIVE DUTY WITH CIA CAT. 1 None	16. RELEASE TO MIL. SER. CAT. 2 None	17. DEPORTED CAT. 3 None	18. REFERRED None
19. ASSESSMENT DATE None		20. PROFESSIONAL TEST DATE None		21. LANGUAGE-APTITUDE TEST DATE None	
22. NON-CIA EMPLOYMENT					
1940-42 Military Service, US Navy, Ensign					
1942-43 "The March of Time," NYC - Script Writer					
1943 "Time," Inc, NYC - War Correspondent (South Pacific, 9 mos)					
1943-46 Military Service, USAAF, (1st Lt (1945-46, OSS in China)					
1946-49 Free Lance Writer					
1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist					
23. NON-CIA EDUCATION					
1934 ARSST, Orlando, Fla - Air Combat Intelligence (4 mos)					
1936-40 Brown Univ - AB, English, English Literature, Economics					
1950 Berlitz School of Languages, DC - Spanish					
24. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr - May 1957					
German - R,N,S,U,Slight;P,inter; T,none - May 1957 (declined testing)					
French - R,P Elan; W,S,U Slight; T None - Sep 1960 - disc prof Apr 1968					
25. AGENCY SPONSORED TRAINING					
1950 Admin Proc 1953 Photography					
1950 Secret Writing					
1953 Ops Famil					
1953 Flaps & Seals					
26. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & DECN. TITLES (If any)	LOCATION
Nov 1949	I.O. (Editor) 0130.00	13		OPC/P&P Stf/Program Cap II	Hq
Dec 1950	I.O. 0132.00	13		OPC/Latin America/ops/OCS	Mexico City
Jun 1951	" 0132.00	14		OPC/Latin America/DOON	"
Aug 1953	Ops Off 0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq
Jun 1954	Ops Off (PP) 0136.31	15	DP	DDP/FS/SR-NA/Ch, PP Staff	Tokyo
Feb 1957	Area Ops Off 0136.01	15	DP	DDP/WH-II/Uruguay Station/OCS	Montevideo
Nov 1960	Ops Off 0136.01	15	D	DDP/WH-I	Hq
Nov 1961	Jan-Nov 1961 Detailed to Office of the JCI	15	D	DDP/CA Stf/PlamatRes/Ch EvalBr	"
Jan 1962	Ops Off 0136.01	15	D	DDP/CA Staff/OC	"
Jul 1962	" 0136.01	15	D	DDP/DOCS/Facilities Br/Ch, W.FSec	"
Aug 1964	" 0136.01	15	D	DDP/DOU/U.S. Field Ch, CA Staff	"
Feb 1965	" 0136.01	15	D	DDP/Off of the DDP, ops Group	"
	Jul 1965-Sep 1965 Contract Employee				
Sep 1966	Ops Off 0136.01	15	D	DDP/WE/Operations Stf	Hq
Jan 1967	" 0136.01	15	D	DDP/Eur/Spec Act Stf	"
Aug 1968	" 0136.01	15	D	DDP/EUR/Operations Staff	"
Apr 1970	Retirement--Voluntary under CIARDS				
27. DATE REVIEWED 28 Mar 1973		28. PROFILE REVIEWED BY E 2 nrd/cal		29. STEPS 1-10 REVIEWED & VERIFIED BY EMPLOYEE NO	
30. FORM 1200 (PART I) USE PREVIOUS EDITIONS.		SECRET		PROFILE	

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SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



E.N. Korn-Patterson
Deputy Chief,
European Division

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-271 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 9 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 DECEMBER 1965

NAME	SERIAL	ORGN.	PL	GS	OR-STEP	NEW SALARY
Hunt E. Howard	012042	44	100	OF	GS-15 6	20,025

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD E		3. ASSIGNED ORGAN DDP/WH		4. FUNDS UV		5. ASSIGNMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
GS 15	4	\$12,670	02	09	59	GS 15	4	\$13,970	08 09 59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO	DA	YR	511 CONFIDENTIAL MAY 30 1958 17 13 14 23 CWD			
14. AUTHENTICATION									
PERIODIC STEP INCREASE - AUTHENTICATION									

FORM NO. 560a
1 MAR. 58

SECRET

PERSONNEL FOLDER 141

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	\$12,420	\$13,670

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD F		3. ASSIGNED ORGAN DDP/WH		4. FUNDS UV		5. ASSIGNMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
15	3	\$12,150	08	12	56	15	4	\$12,420	02 09 58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			
IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO	DA	YR	1958			
14. AUTHENTICATION									

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
HUNT, E. HOWARD			9 Oct 1918	M	GS-15 2
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer (C-)			DDH/DODS/REP		Wash., D.C.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
20 April 1953			1 March 1952 - 31 March 1953		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Supervises all Division propaganda operations. (4 employees, 7 projects)					S
SPECIFIC DUTY NO. 2					RATING LETTER
Project Officer WURONBOW.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Project Officer WUESTLER.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign and domestic propaganda operations.					A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P/S

17 APR 1953

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				013842	
SECTION A - GENERAL					
1. NAME (Last) (First) (Middle) HUNT, E. HOWARD			2. DATE OF BIRTH 10/09/13	3. SEX M	4. GRADE & SO GS-15 D
5. OFFICIAL POSITION TITLE Ops Officer (Ch)			7. OFF/DIV BR OF ASSIGNMENT DDP/DODS/R&F	6. CURRENT STATION Wash., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 May 1964			12. REPORTING PERIOD (From to) 31 March 1963 - 31 March 1964		
SECTION B - PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises all Division propaganda operations.					RATING LETTER S
SPECIFIC DUTY NO. 2 Project Officer WUHUSTLER, WUBONBON					RATING LETTER S
SPECIFIC DUTY NO. 3 Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda					RATING LETTER S
SPECIFIC DUTY NO. 4 operations.					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
26 MAY 1964					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.

Subject's supervisory responsibility has extended over two secretaries, from one to two professional staffers under official cover and three professional career employees under unofficial cover. The fairness and precision of his management has patently won their respect and inspired their performance.

(Continued on additional sheet)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 20 May 64	SIGNATURE OF EMPLOYEE <i>E. Edward Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYED HAS BEEN UNDER MY SUPERVISION 24 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 19 May 1964	OFFICIAL TITLE OF SUPERVISOR DCOS	TYPED OR PRINTED NAME AND SIGNATURE <i>Stanley H. Gaines</i> Stanley H. Gaines
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>Chen</i>		
DATE 19 May 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL <i>Chief, I.C. Bureau</i> 2124-10-10	TYPED OR PRINTED NAME AND SIGNATURE <i>C.T. Harless</i> C.T. Harless

SECRET

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				013842	
SECTION A GENERAL					
1. NAME (Last) Hunt, (First) E. (Middle) Howard			2. DATE OF BIRTH 10/09/18	3. SEX M	4. GRADE GS-15
			5. SD D		
6. OFFICIAL POSITION TITLE Ops Officer (CH)			7. OFF/DIV/BR OF ASSIGNMENT DDP/DOD/CA		8. CURRENT STATION Washington, D. C.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See instructions - Section C)			INITIAL _____ REASSIGNMENT SUPERVISOR _____ ANNUAL _____ <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE _____ SPECIAL (Specify): _____ SPECIAL (Specify): _____		
11. DATE REPORT DUE IN O.P. 30 April 1965			12. REPORTING PERIOD (From - to) 1 April 64 - 28 February 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Supervises all DO Division propaganda operations.					S
SPECIFIC DUTY NO. 2 Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.					S
SPECIFIC DUTY NO. 3 Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.					S
SPECIFIC DUTY NO. 4 Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
13 APR 1965					

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.</p> <p>Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes, attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
7 April '65	<i>E. Edward Hunt</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
16			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPE OR PRINTED NAME AND SIGNATURE	
8 APR 1965	DO/Executive Officer	<i>Thos. P. Schreyer</i> Thos. P. Schreyer	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur generally with the prep. I would, however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE OR PRINTED NAME AND SIGNATURE	
5 April 1965	Chief, DO Division	<i>C. Tracy Barnes</i> C. Tracy Barnes	

SECRET

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

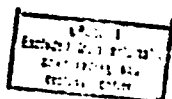
MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



SECRET


SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

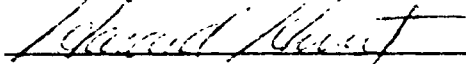
5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.



Date: 4/5/69

- 2 -

SECRET

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



E.N. Korn-Patterson.
Deputy Chief,
European Division

SECRET

CONFIDENTIAL
(When Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR
REFERENCE:

CASE NO. : 23500

TO : Director of Personnel

ATTN : John Stocks

SUBJECT : HUNT, Everett Howard Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made for entrance on duty within 150 days, this approval becomes invalid.
3. As part of the entrance on duty processing:
 - ☐ A personal interview in the Office of Security must be arranged.
 - ☒ A personal interview is not necessary.
 - ☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.
4. This is a Conversion Action. This is issued in advance of Form #577.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

14-00000

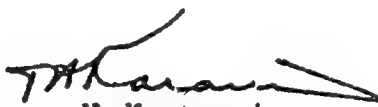
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	S.	Howard	10/9/18	126 05 1970
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

S. Howard Hunt

DATE

Feb. 13, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

941785-1 10 10 1968
73NNC 10 10 1968

89. MAY 61 01 61 63J

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 18, 1968.)
176-101

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

Central Intelligence Agency
(Department or agency) (Bureau or division) (Place of employment)

I, Harold E. Howard, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States, or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

13 Sept 46
(Date of entrance on duty)

Harold E. Howard
(Signature of appointee)

Subscribed and sworn before me this 13 day of September, A. D. 1946.

at Langley Virginia
(City) (State)

[SEAL]

John R. Staker
(Signature of officer)
Res. Dir. Asst.
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 13, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State) 11120 River Road Potomac, Md. 20854			
2. (A) DATE OF BIRTH Oct. 9, 1918		(B) PLACE OF BIRTH (city and State or city and foreign country) Hamburg, N. Y.	
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY Dorothy L. Hunt		(B) RELATIONSHIP wife	(C) STREET AND NUMBER, CITY AND STATE 11120 River Rd. Potomac Md.
			(D) TELEPHONE NO. 299 7366

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO
If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RIED (Check one)	SIN. GLE (Check one)
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for each debarment in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer is A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ITEM NO.

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

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Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) EAST (First) E. (Middle) Howard		SOCIAL SECURITY NUMBER 126 05 4970	
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Washington, D.C.		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Maryland		HOME LEAVE RESIDENCE	
2. MARITAL STATUS (Check one)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, PLACE OF MARRIAGE Millbrook, N.Y.		DATE OF MARRIAGE 6 Sept. '49	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE Dorothy Louise East		ADDRESS (No., Street, City, Zone, State) 11120 River Rd. Potomac, Md	
TELEPHONE NO. 299 7366			
NAMES OF CHILDREN Lisa Kevan Howard S. David		ADDRESS SEX DATE OF BIRTH 9 March '50 17 Nov. '52 22 March '54 1 Sept. '55	
NAME OF YOUR FATHER (Or male guardian)		ADDRESS deceased	
TELEPHONE NO.			
NAME OF YOUR MOTHER (Or female guardian)		ADDRESS	
TELEPHONE NO.			
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. wife			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs. E. Howard East		RELATIONSHIP wife	
HOME ADDRESS (No., Street, City, Zone, State) 11120 River Road Potomac 20854 Md.		HOME TELEPHONE NUMBER 299 7366	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) yes		YES	<input checked="" type="checkbox"/>
		NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) yes		YES	<input checked="" type="checkbox"/>
		NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)		YES	<input checked="" type="checkbox"/>
		NO	
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

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5. VOLUNTARY ENTRIES		
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
Riggs National Bank of Washington (R&M Branch) Washington 7, DC		Dorothy L. and/or Howard Hunt
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?) SD box, Riggs Bank		
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address) Mr. Wm. F. Buckley, Jr. Wallacks Point, Stamford, Conn.		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?) wife		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
<div style="height: 300px; border: 1px solid black;"></div>		
SIGNED AT	DATE	SIGNATURE
	12/10/60	<i>Dorothy L. Hunt</i>

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OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain rating in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties as described, if applicable.

Mr. Hunt is an officer with real ability, creative and managerial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 3 March 1963	SIGNATURE OF EMPLOYEE <i>E. Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 13 APR 1963	OFFICIAL TITLE OF SUPERVISOR DODS/EXO	TYPED OR PRINTED NAME AND SIGNATURE <i>R. H. Cunningham</i> R. H. Cunningham
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 14 April 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Staff	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Ray Davis</i> C. Ray Davis

SECRET

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(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I

BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. C13E942 NAME (Last-First-Middle) Hunt, E. Howard DATE OF BIRTH OCT 7, 1918

SECTION II

EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED Hamburg High ADDRESS (City, State, Country) Hamburg, N.Y. USA YEARS ATTENDED (From-To) 1932 - 36 GRADUATE ☒ YES ☐ NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QUA. HRS. (Specify)
	MAJOR	MINOR				
1. <u>Brown U. Providence, P.I.</u>	<u>English</u>		<u>1936-40</u>	<u>A.B.</u>	<u>'40</u>	
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY: Married

2. NAME OF SPOUSE (Last) Hunt (First) Betty (Middle) Louise (maiden) WEIR

3. DATE OF BIRTH April 1910 4. PLACE OF BIRTH (City, State, Country) Dayton, Ohio, USA

5. OCCUPATION Housewife 6. PRESENT EMPLOYER _____

7. CITIZENSHIP USA 8. FORMER CITIZENSHIP(S) COUNTRY(IES) _____ 9. DATE U.S. CITIZENSHIP ACQUIRED _____

SECTION IV

DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				


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SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY: (CHECK ONE)			
				RESIDENCE	TRAVEL	STUDY	OTHER
		Oct 23	5-10 AM '68				
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (SPM) 2. SHORTHAND (SPM) 3. INDICATE SHORTHAND SYSTEM USED - (CHECK ONE) APPROPRIATE ITEM							
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? 2. NEW CLASSIFICATION							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON							
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG							
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD							
1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION							
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED							
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED		<input type="checkbox"/> RESIDENT <input type="checkbox"/> AGENCY SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM TO	
SECTION X REMARKS							
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>							
DATE		SIGNATURE OF EMPLOYEE					
Oct 7, 1968							

SECRET

JOHN ELLIS, JR.

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID ◁ 2	2. APPL. NO. 0-011115	3. NAME MUST CONTAIN 2-DIGITS
4. DATE OF BIRTH MO DA YR	5. DATE CODED MO DA YR	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 4-64c

LANGUAGE CODING DATA - FORM 4-66c														
1. ID		2. EMPLOYEE NO.		3. NAME		4. LANGUAGE DATA CODE								
◀ 3 •		•		3-LETTERS		BASE CODE		R	W	P	S	U	T	YR
•		•		•		•								
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 4-66c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)						
MO DA YR				MO DA YR										
•				•										

LANGUAGE PROFICIENCY TEST DATA

LANGUAGE PROFICIENCY TEST DATA																
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST												
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR					
65	113842	HUN	C	BK50	1	0	1	0	1	3	57					
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			8. DATA FOR ITEM 2									
BASE CODE				R	W	P	S	U	T	YR	MO			DA		YR
BK50				2	1	2	1	1	4	66	17			19		66

EXTRACTED FROM FORM 1273,
LANGUAGE PROFICIENCY AND
AWARDS DATA.

QUALIFICATIONS RECORD CHANGE

[illegible]

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CERTIFICATION OF CLAIMED LANGUAGE PROFICIENCY

1. EMPLOYEE SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">013342</div>	2. NAME (last-first-middle) <div style="font-size: 1.5em; font-family: cursive;">HUNT, E. HOWARD</div>	3. DATE OF BIRTH <div style="font-size: 1.5em; font-family: cursive;">2-5-7, 1918</div>
---	---	--

4. LIST BELOW THE FOREIGN LANGUAGE OR LANGUAGES IN WHICH YOU POSSESS ANY DEGREE OF COMPETENCE. INDICATE YOUR PROFICIENCY IN EACH OF THE FIVE SKILL FACTORS SHOWN (reading comprehension, writing ability, etc.) BY NOTING THE NUMBER MOST INDICATIVE OF YOUR LEVEL OF SKILL UNDER THE FACTOR BEING CONSIDERED.

IF YOUR PROFICIENCY RELATES TO A PARTICULAR DIALECT OF A MAJOR LANGUAGE, IDENTIFY THIS DIALECT BY NOTING IT IN PARENTHESES AFTER THE LANGUAGE ON THE SAME LINE.

IF YOU HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE, CHECK (X) BOX AT RIGHT AND LEAVE OTHER ITEMS BLANK.

LEVEL OF SKILL
 (Slight) 1 2 3 4 5 (Native)

	SKILL FACTORS					HOW ACQUIRED (Check (X) Box(es) which apply)	
	READING COMPREHENSION	WRITING ABILITY	CONVERSATION	COMPREHENSION ABILITY	ORAL COMPREHENSION	NATIVE OF COUNTRY	ACQUIRED (with parents, etc.) ACADEMIC STUDY
Spanish	4	3	4	4	4	X	X
FRENCH	2	1	2	1	1	X	

5. IF YOU HAVE HAD EXPERIENCE AS A TRANSLATOR, INTERPRETER OR INSTRUCTOR, EXPLAIN AND SPECIFY IN WHICH LANGUAGE(S) YOU HAVE HAD SUCH EXPERIENCE.

Spanish — translator + interpreter

COPIED
 1
 6-11-43
 DATE 18-1-44

CERTIFICATION

I CERTIFY that the information given above is true and accurate to the best of my knowledge and belief.

DATE <div style="font-size: 1.5em; font-family: cursive;">1-2-44</div>	SIGNATURE <div style="font-size: 1.5em; font-family: cursive;">E. Howard Hunt</div>
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SECRET
(When Filled In)

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA						
1. ID	2. APPL. NO.	3. NAME				
< 2	6-DIG. NO.	MUST CONTAIN 20-DIGITS				
4. DATE OF BIRTH		5. DATE CODED	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1952, MASTER QUALIFICATIONS CODING RECORD.			
MO	DA	YR				MO

LANGUAGE CODING DATA - FORM 444c															
1. ID		2. EMPLOYEE NO.		3. NAME		4. LANGUAGE DATA CODE									
◁ 3				3-LETTERS		BASE CODE		R	W	P	S	U	T	YR	
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO++LANGUAGE" (12-DIGITS)							
MO		DA		YR		MO								DA	
.						.									

LANGUAGE PROFICIENCY TEST DATA														
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST										
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR			
65	11342	HUN	C	BL18	H	H	H	H	H	3	62			
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.							
BASE CODE	R	W	P	S	U	T	YR	MO	DA	YR				
BL18	I	H	I	H	H	3	67	04	18	67	NO JUL 1967			

[illegible]

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY																
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST								
		HUNT, E. EDWARD				A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST					6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION					
LAN. CODE	R	W	P	S	U	I/T	YEAR									
							04/18/67	10/09/18		15		EUR				
NOTICE TO PERSON TESTED																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL16</u> AND YOUR TEST SCORES ARE AS FOLLOWS: <u>(NAME OF LANGUAGE)</u>																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS						
I		+		I		H		H		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE						
11. REMARKS										12. SIGNATURE						
CODED FOR COMMUNICATIONS										Ker						
										13. LD NUMBER						
										15670						

FORM 11-64 1273

OBSOLETE EDITIONS

(10-45)

SECRETGROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

1 - OP/QAB

SECRET

(When Filled In)

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT				
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.				
SECTION I				
BIOGRAPHIC AND POSITION DATA				
1. EMP. SER. NO.	2. NAME (Last First Middle)	3. SER.	4. DATE OF BIRTH	5. GS-SCALE GRADE STEP
613842	HUNT E HOWARD		10/09/18	GS-15-07
6. SC	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)	
D	CRS OFFICER	EUR	WASH., D.C.	
SECTION II				
AGENCY OVERSEAS SERVICE				
AREA		TYPE TO: R	FROM	TO
MEXICO		PCS 64	30/12/51	33/04/01
EUROPEAN AREA		TDY 64	34/01/51	34/03/01
JAPAN		PCS 64	34/05/51	36/10/01
URUGUAY		PCS 44	37/01/01	60/05/02
ASIA AREA		TDY 43	63/01/57	63/01/59 ✓
7/12/57		TDY	64/2/12	66/12/03
<p><i>New PHS made Sept 67</i></p>				
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>OVERSEAS DATA</p> <p>CODE:</p> <p>DATE: 22 Jan 67 INITIALS: TME</p> </div>				
SECTION III				
EDUCATION				
DEGREE	MAJOR FIELD	COLLEGE		YEAR
BACH	ENGLISH LITERATURE	BROWN UNIV. RI		40

1-200
1-17-66B
1-17-67

SECRET

CLASS
SECRET

67 JUL ENTD

16311

When Filled In:

[illegible]

SECRET

Washington, D.C. 20505

6 May 1971

Mr. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

The statute states--

At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . . (emphasis added).

Our regulation on the subject repeats the language of the statute above and in addition states--

A participant may not change his election under this provision

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations, but continues with the language that, "such rules and regulations here to become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service retirement, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,



Lawrence R. Houston
General Counsel

cc: Executive Director
DDS
Director of Personnel
OGC chrono
✓subject Retirement
OGC:LRH:jeb

00000

HOWARD HUNT

11120 River Road,
Potomac, Maryland 20854.,
May 12, 1971.

The Honorable
Lawrence R. Houston,
General Counsel,
The Central Intelligence Agency,
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

Howard

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

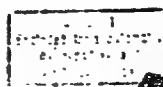
SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCE, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in integrated Department of State status in Mexico from 1950 until 1953 and in Montevideo from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was "opened up" as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCI.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPFB think tank.

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4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and Montevideo, was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD

ERICH W. ISENSTEAD
Chief, Central Cover Staff

Orig - C/OCS/CCS; File 1083 (Hunt)
EA/DDP; ADOP
DD/Security
Mr. Unumb, Deputy Asst to the DCI
Chrono

-2-

SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
UNCLASSIFIED		CONFIDENTIAL		SECRET	
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS	DATE	INITIALS		
1	Chief, TRB				
2					
3					
4					
5					
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks: Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.					DATE
Bonnie, OD/Pers					21 May 76
UNCLASSIFIED		CONFIDENTIAL		SECRET	

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL		
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Security, 4E-60	6/22	JS
2	D/O	22 JUN 1972	JS
3			
4	ADD/PS	4/26/72	D
5	File		
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
Remarks:			
E. Howard Hunt			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO			DATE
C/CCS (9164)			21/57
UNCLASSIFIED		CONFIDENTIAL	SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
1000000 ✓		SMITH, E. HARRIS					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment				MONTH DAY YEAR 01 01 62		Regular	
6. FUNDS		7. COST CENTER NO. CHARGE-ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
V TO V CF TO V		V TO CF CF TO CF		0001-000-1000			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
OFFICE OF THE CHIEF				Washington, D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
CHIEF OF BUREAU				1000		1000	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS-10		1000		GS-10		10000 ✓	
18. REMARKS							
<p>NOTE: Same as above/let OFFICE and Research Group</p> <p>PTA in accordance with R 20-580.3(a)</p> <p>100 - Security</p> <p>100 - Payroll</p>							
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[Signature]				[Date]		[Signature]	
DATE SIGNED				DATE SIGNED		DATE SIGNED	
[Date]				[Date]		[Date]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE		22. OFFICE CODE		23. STATE CODE		24. DATE OF BIRTH	
37 10		1000		1000		1000	
25. SPECIAL REFERENCE		26. RETIREMENT DATA		27. SEPARATION DATA CODE		28. CORRECT OR CANCELLATION DATA	
100		100		100		100	
29. NET PREFERENCE		30. SER. CREDITED		31. FEEL / = 0. = NO DATA		32. SECURITY REQ. NO.	
100		100		100		100	
33. PREVIOUS GOVERNMENT SERVICE DATA		34. FEDERAL TAX DATA		35. STATE TAX DATA		36. O.P. APPROVAL	
100		100		100		100	
43. POSITION CONTROL CERTIFICATION				44. O.P. APPROVAL			
[Signature]				[Signature]			

SECRET

NOTIFICATION OF PERSONNEL ACTION															
PAS: 23 JUNE 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD			
513842		HUNT E HOWARD				Mo. Da. Yr. 10 09 18		None-0 Code 1		M 1		Mo. Da. Yr. 11 08 49			
7. SCD		8. CSC Remt.		9. CSC Or Other Legal Authority				10. Active Aff. No.		11. FEGLI		12. LCD		13. Act. Serv. Credit	
Mo. Da. Yr. 05 24 44		Yes-1 No-2 1		50 USCA 407 J				Mo. Da. Yr. 11 08 49		Yes-1 No-2 2		Mo. Da. Yr. 11 08 49		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION						MONTEVIDEO, URUGUAY					
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 USMID - 3 Frgn - 5		Code 5		ATT POL OF 1st SEC CON CHIEF OF STATION		0162		FSR GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSLE		26. Appropriation Number	
03 15 5		\$ 13640 13970				Mo. Da. Yr. 06 25 60		Mo. Da. Yr. 06 25 60		0135 5870 3000	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
CONVERSION FROM FSR STATUS		60		Mo. Da. Yr. 06 25 60		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION				4651		MONTEVIDEO, URUGUAY				76031	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 1 USMID - 3 Frgn - 5		Code 5		CHIEF OF STATION		0162		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSLE		43. Appropriation Number	
15 5		\$ 13970		D		Mo. Da. Yr. 06 16 53		Mo. Da. Yr. XX XX XX		0135 5870 3000	

44. Remarks

POSTED

06-24-60 WK

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Year Prof	5. Sex	6. CS - EOD
	HUNT, E. HOWARD	Mo. Da. Yr. 10 09 18	Note: 0 5 Pr: 1 10 Pr: 2	Code 1 M 1	Mo. Da. Yr.
7. SCB	8. CSC Point	9. CSC Or Other Legal Authority	10. Acmt. All. Gr.	11. FEGLI	12. ICD
Mo. Da. Yr.	Yes: 1 No: 2	Code	Mo. Da. Yr.	Yes: 1 No: 2	Code

5A PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION		MONTEVIDEO, URUGUAY	
16. Dept. Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. Code USLID Frgn. 5	ATTACHE POL OFC 1ST SEC CONSUL CHIEF OF STATION	DAP-162	PSR 05 0136.01
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. Pst Due
3 15 5	13,640 13,970	D	Mo. Da. Yr. Mo. Da. Yr.
			26. Appropriation Number 0135 5870 3000

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
CONVERSION FROM PSR STATUS	60	Mo. Da. Yr. OCT 25 60	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION		MONTEVIDEO, URUGUAY	76091
33. Dept. Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. Code USLID Frgn. 5	CHIEF OF STATION	DAP-162	05 0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade 42. Pst Due
15 5	13,970	D	Mo. Da. Yr. Mo. Da. Yr. OCT 16 53 02 05 61
			43. Appropriation Number 0135 5870 3000
A. Requesting Officer (Signature And Title)		C. Request Approved By (Signature And Title)	
F. E. BOWERS WH/PERSONNEL OFFICER			
B. For Additional Information Call (Name & Telephone Ext.)			
JOHN WASHINKO X8242			
CLEARANCES			
Clearance	Signature	Date	Clearance
A Career Board			D. Placement
B Pos. Control			
C Classification			F. Approved By
Remarks Subject resigned from the Department of State effective OCB 24 June 1960.			

NO 1152

SECRET

Attachment to Fitness Report of Howard Hunt 31 March 63 - 31 March 64

Section C (Continued)

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.